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# St. Bartholomew's Hospital



## JOURNAL.

VOL. XVIII.—No. 1.]

OCTOBER, 1910.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal,

OCTOBER 1st, 1910.

"Æquam memento rebus in arduis  
Servare mentem."—Horace, Book ii, Ode iii.

### Calendar.

Sat., Oct. 1.—	Winter Session begins. Cambridge Michaelmas Term begins.
Mon., „ 3.—	Annual Dinner of Old Students. Second Examination of Society of Apothecaries begins.
Tues., „ 4.—	Dr. Herringham and Mr. D'Arcy Power on duty. Examination for Part II of Second M.B. Cambridge begins. Final Examination Conjoint Board (Medicine) begins.
Wed., „ 5.—	Examination for D.P.H. Cantab. begins. Clinical Lecture. 12.45 p.m. Mr. Bowlby. First Examination Society of Apothecaries begins.
Thurs., „ 6.—	Final Examination Conjoint Board (Midwifery) begins.
Fri., „ 7.—	Final Examination Conjoint Board (Surgery) begins. Clinical Lecture. 12.45 p.m. Dr. West. Dr. Tooth and Mr. Waring on duty.
Mon., „ 10.—	Oxford Michaelmas Term begins. Special Lecture. 1 p.m. Mr. Eccles.
Tues., „ 11.—	Dr. Norman Moore and Mr. Bruce Clarke on duty.
Wed., „ 12.—	Clinical Lecture. Mr. Bowlby.
Thurs., „ 13.—	Abernethian Sessional Address. Notes on Commentaries of Heberden, Sir Dyce Duckworth, Bart., F.R.C.P.

Fri., Oct. 14.—	Dr. West and Mr. Bowlby on duty. Clinical Lecture. 12.45 p.m. Dr. Moore.
Mon., „ 17.—	Special Lecture. 1 p.m. Mr. West.
Tues., „ 18.—	Dr. Ormerod and Mr. Lockwood on duty.
Wed., „ 19.—	Clinical Lecture. 12.45 p.m. Mr. Power.
Thurs., „ 20.—	Abernethian Society, J. E. R. McDonagh, F.R.C.S., "Recent Research in Venereal Disease."
Fri., „ 21.—	Dr. Herringham and Mr. D'Arcy Power on duty. Clinical Lecture. 12.45 p.m. Dr. Ormerod.
Mon., „ 24.—	Special Lecture. 1 p.m. Dr. Adamson.
Tues., „ 25.—	Dr. Tooth and Mr. Waring on duty.
Wed., „ 26.—	Clinical Lecture. 12.45 p.m. Mr. Power.
Thurs., „ 27.—	Abernethian Society, A. Abrahams, M.R.C.S., "Athletics and the Medical Man."
Fri., „ 28.—	Dr. Norman Moore and Mr. Bruce Clarke on duty. Clinical Lecture. 12.45 p.m. Dr. Herringham.
Mon., „ 31.—	Examination for M.B., B.S. Lond., begins. Special Lecture. 1 p.m. Mr. West.

### Editorial Notes.

**C**ERTAINLY it was a beneficent authority who first divided the medical curriculum into periods of three or six months; for where is the 'dresser' who does not gladly change the early rising and wearing duties of surgery for gentle medicine, or the 'clerk' who is not equally eager to forsake his rest cure for work? The tired house-physician or surgeon obtains a new lease of life by the transfer from out-patients to wards.

So that although each man may privately feel that his own holiday was totally inadequate as a revivifier, yet there is sure to be plenty of energy and keenness in the air on the opening of the Winter Session on the first Monday in

October. Gradually the square is filling up again, and several returning members of the senior staff show signs that the sun was to be seen this year by those who were able to prolong the search.

\* \* \*

THOSE who are making their first acquaintance with St. Bartholomew's we welcome. We congratulate them on their choice of a medical school. When they are a little older they will realise the reverence and affection which this Hospital inspires in its alumni; how the name "Dart.'s" awakes a pleasant thrill of pride in its splendid history and great traditions.

We recently heard an old student complaining that in his time very little was done in the shape of actively welcoming freshmen; everyone was probably quite glad to see them, but did not say so, nor do anything to show it. Well, this year, we are informed, an effort is to be made to alter this; there is to be an organised attempt on the part of the various athletic club officials to find the freshman in his haunts and point out to him how best the Hospital life may be enjoyed. We would therefore urge freshmen that they should assist this by either putting their names on the various games lists or giving them to the secretaries of the Students' Union.

\* \* \*

It seems probable, therefore, that the incoming athletic talent will be used to best advantage. The freshman will also quickly enough be plunged into the active working life of the Hospital. The meetings of the Abernethian Society will probably appeal to him as a pleasant way of picking up clinical knowledge. These meetings are held every Thursday evening, at 8.30 o'clock, in the Abernethian Room, for the reading and discussion of papers on medical science or practice. There are three clinical evenings held during the Winter Session at which *any* member may show cases which are likely to be of general interest, these clinical meetings being held largely for the benefit of those clerking or dressing in the wards.

At the opening meeting of the Abernethian Society, on October 13th, Sir Dyce Duckworth will deliver the Sessional Address on "Notes on Commentaries of Heberden."

\* \* \*

ONLY one further word would we add for the benefit of the freshman; let him make up his mind early as to the course he intends to pursue on qualifying, and work to that end. If he aims at a house appointment let him see that his chief knows it and his colleagues also; there is nothing to be gained by keeping his own counsel on such a matter, and many men would be better able to plan out their careers if the intentions of others and the competition to be faced were ascertainable. Again, if one of the services is his aim, let him think over the relative merits of each ahead so that he may arrive at his qualification with his mind made up and the right type of knowledge in his head.

THE commencement of the Winter Session is the occasion for the Annual Old Students' Dinner, which will this year be held on Monday, October 3rd, in the Great Hall. Mr. C. B. Lockwood will be in the Chair and Mr. H. J. Waring is acting as secretary. From passing remarks we gather that numerical success is assured, for the attendance will probably reach 150. Next month we shall doubtless be able to record that in other respects the gathering was worthy of all anticipations.

\* \* \*

ONLY at the close of a year since Mr. Harrison Cripps' retirement have we reached the end of the series of changes thereby necessitated. At last each "firm" has secured quarters to its liking and moved into them, and wards for years associated with particular surgeons are invaded by aliens. So that now quite frequently members of the junior staff are to be heard questioning, "How do you get on with Sister So-and-so? Isn't she charming?"—and the anxious Sister is receiving the reply to her query of a month ago, "Do you know the junior H.S. of the — firm; what is he like?"

\* \* \*

THE ward changes have been made more extensive by the necessity for providing a midwifery ward. It is now the intention of the authorities to make arrangements enabling the student to do the lying-in ward work required by the examining board of the Royal Colleges of Physicians and Surgeons, within the Hospital precincts, instead of giving up a month to work at one or other of the various lying-in institutions.

It is also proposed, we understand, to train nurses in midwifery, and to organise courses of instruction for those who wish to prepare for the Central Midwives Board certificates.

We are not fully conversant with the scope of the proposed innovations, but we certainly think that it will be an advantage for the student to have opportunities of seeing operative midwifery under more favourable conditions than those prevailing on the 'district' without having to go into residence at some special maternity hospital.

\* \* \*

We were very pleased to see Mr. L. B. Rawling, looking very fit and well, back again at work this week, and we heartily congratulate him on his return to health after such a lengthy enforced absence.

\* \* \*

WE have been asked by the secretaries of the Students' Union to point out to those who use the ground at Winchmore Hill, that the subscription list opened for the benefit of the groundman, Last, is not as weighty this year as it should be. We are informed that the effort to raise this bonus is the outcome of a Students' Union resolution, and should therefore be backed in a practical manner.

## The Surgical Side of the Hospital Fifty Years Ago.

By ALFRED WILLET, F.R.C.S.,  
Consulting Surgeon to the Hospital.

HE thought that a brief record of the work on the surgical side of our old hospital might prove interesting to some of the JOURNAL'S readers inspires me to jot down in a fragmentary way my recollections of fifty years ago.

It was on October 1st, 1860, that I was appointed house-surgeon to Mr. Lloyd. The surgeons at that date were Mr. Lawrence (later Sir William, Bart.), Mr. Stanley, Mr. Lloyd, and Mr. Skey. The assistant surgeons, Mr. Wormald, Mr. Paget (later Sir James, Bart.), Mr. Holmes Coote, and Mr. Holden. My fellow house-surgeons for the year were J. R. Greenhill, H. N. Evans, and R. W. Smith.

Quite early in 1861 Mr. Lloyd, whose health had long been indifferent, resigned. Mr. Wormald, whose house-surgeon I, of course, became, was elected in his place, whilst in the early summer of the same year Mr. Stanley also resigned, and was succeeded by Mr. Paget, the new assistant surgeons being Mr. Savory (later Sir William, Bart.) and Mr. Callender.

Mr. Lawrence, verging on eighty, was now the only surgeon not under the retiring age-limit of sixty-five, which had been enacted in 1854. This venerable and greatly venerated surgeon was a singularly fine-looking man; his massive brow, finely-chiselled regular features and highly intellectual expression gave him a remarkably dignified appearance. Although he walked with rather tottering steps, yet his vigour and go were marvellous. On his regular rounds he made no bother about mounting to the top of the Rahere and Kenton blocks to see the venereal patients housed there. I recollect also an instance of his coming down in the middle of the night to perform a primary amputation of the upper arm. It is worth recording that year after year, as lecturer on surgery, he came down three evenings a week at 8 p.m. all through the winter session to deliver his course of lectures, which, however, he allowed himself to give seated.

The house-surgeons held office for a year, and worked single-handed, for it was not until 1882 that junior house-surgeons came on the scenes.

A word or two on the four box-carriers (by name Kelly, Flanders, Mingay, and Clarke); each took duty for their respective surgeon's admission week, and at night they had to decide, in conjunction with the night-nurse, in accident cases whether to summon the dresser on duty from the College or the house-surgeon. Flanders had an unerring instinct; his summons to the house-surgeon—"Please, sir, there is a case I would like you to see"—was always

accepted as convincing evidence that the accident was of importance. It was the common belief that he diagnosed the case by a sort of "first-aid" examination, viz. that he would try for crepitus or for free joint movement in an injured arm or leg; whilst in cut heads he would probe for exposed bone, and, according to the result, fetch either dresser or house-surgeon. None of the other box-carriers had Flanders's cunning.

It was also the duty of the box-carriers to accompany their surgeon around the wards on his "full days," carrying, ready for use, boxes of instruments and catheters (hence, no doubt, the origin of their title). In the male wards they went round, keeping a short distance behind the surgeon. When catheters, bougies, or sounds had to be used in Mr. Stanley's wards the patient would be brought to the edge of the bed; the box-carrier would be told to seat himself on the opposite side, so that his broad back would support the reclining patient. The surgeon, seated in front of the patient, would then proceed with his manipulations. On reaching the female wards delicacy forbade the box-carrier to enter, and he had to wait in the lobby outside.

It is now time to tell of the work. I commence with a morning in the surgery. In 1860 the surgery was only half the size of the room now known as the "Old Surgery," for the Duke Street end was covered with houses of the type of the College, but in the basement beneath there was a room of equal size. In this dingy place the apothecary, Mr. Wood, saw the medical casualty patients, for casualty physicians and house-physicians are a much more recent innovation. There were but three side rooms for the house-surgeons to attend to both male and female surgical patients, and, of course, much overcrowding and jostling between house-surgeons, dressers, and patients occurred.

Thursday was a very busy morning for the house-surgeon on duty. His week began at twelve the previous night, and he had to be in the surgery at nine with his dressers. In the surgery he had no superior officer, and so it fell to him daily to give out the new surgical out-patients' letters from among the casualty patients. This involved his inspection of all new cases, and after selecting those for the out-patient department, the residuum of both sexes had their complaints attended to by him and his dressers. If they got through their task by eleven they were lucky. Then leaving the dresser on duty in the surgery they went off to the wards to do the necessary dressing and prepare for their surgeon's visit.

Thursday was admission day for in-patients, so at twelve the house-surgeon had to hurry across to the steward's office to investigate the complaints of the surgical cases assembled, whilst Mr. Wood did the same for the medical cases. The office was usually fairly packed; few of the many patients were suitable for admission, their maladies being of a chronic type, ulcers of the leg predominating.

At 12.30 the physician and surgeon of the week would

ative. The surgeon would ask his house-surgeon what cases he thought were suitable for admission, such, for instance, as a tumour of the breast, a lipoma, and joint diseases. These being admitted, the remainder would be called up in turn, quickly examined, two or three more, perhaps, looked upon with a more discerning and lenient eye by the surgeon and passed for admission. Often the steward would plead for the admission of a patient, who had brought a letter from an influential governor, or a Lord Mayor's letter. The rest would be dismissed on one plea or another. Should, perchance, there be amongst the assembled candidates one with malignant disease so advanced as to be beyond operation—and this was not of infrequent occurrence—the surgeon would seize the opportunity of delivering a homily on the crass folly of delay. Half an hour or more would be taken up in thus adjudicating over the candidates for admission.

This relic of long-past times, which served no useful purpose, was given up upon the instigation of Sir James Paget soon after his election to surgeon.

Each surgeon had five dressers, and though they were not required to take notes of the ward-patients assigned to them, they were, nevertheless, very fully engaged over the "dressings," for practically speaking, all wounds, of both operation and accident cases, suppurated freely. Indeed, it may be added, they were both expected and induced to heal by this method of "secondary intention," as it was called. I well remember the gladsome expression that came over Mr. Stanley's face when, on the third or fourth day after the removal of a breast, for instance, pus was seen oozing between the sutures. "Now she will do," he would exclaim, implying that the first risk of blood-poisoning was over. That operation wounds were bound to suppurate is proved by the routine in vogue, which was as follows:

To start with, each surgeon and assistant-surgeon had an operation coat, kept in a cupboard in the theatre; this in time became coated with dried blood and other discharges, and, like some old tattered flag, the more foul it became the more honoured and treasured it was to its owner. Sponges were only casually cleansed by rinsing in water, and would do duty through a series of operations, whatever their nature. Then, again, all bleeding vessels were tied with dry silk ligatures, unprepared, just as received from the manufactory, one end only being cut off, the other left long, so that when the wound was closed a dozen or more threads were brought out between the sutures to "fall," as it was termed, when they became loosened by ulceration. The wound would probably be covered with lint soaked in water, with oil-silk over it, and kept in place with strapping and bandage. After forty-eight hours the first dressing took place, and almost to a certainty either a bread or a linseed poultice was ordered, which had to be changed twice a day. Under such auspices suppuration was as inevitable as it was evidently desired. Operation wounds would take from

three weeks to three months in healing. With our present-day experience it is impossible to realise how badly operation cases did, especially where bones were involved, such as amputations and excision of joints. Pyæmia but too often marred the apparent well-doing. The advent of the tenth day was anxiously watched; despair settled upon all at the dreaded summons, "Please sir, will you come to —, he has a rigor." This, in about forty-eight hours, would be followed by another, and then, in succession at short intervals, joint after joint would be found hot, swollen, and painful, whilst cough and hurried breathing told only too obviously of the lungs being involved, and death usually supervened in about a week from the first rigor. Erysipelas, too, was always flying about the surgical wards; nor is this a matter of surprise to us now, for not only were these cases not isolated, but patients with it from the outside were admitted into the wards without the risk being suspected. Certain wards had an unenviable notoriety for their bad results. Happily, operations were comparatively rarely performed.

The dressers, as I have said, were not called upon to take notes. The surgeon looked to his house-surgeon alone for information about the cases, and now and again he would say to him, "You must keep notes of this case, as I shall want a full report for a clinical lecture." All the same, the surgeon, in cases of interest, would go into them very fully, expounding to the students around or questioning the dressers. Especially was this the case with Mr. Stanley, who, I think, had the largest following. All students, irrespective of their year or the work upon which they were engaged, were earnestly advised to "go round" with one of the surgeons and to be present in the theatre on the operation day.

Excepting emergencies, all operations were performed on Saturday afternoons, when the surgical staff made it a point of duty to be present. The senior surgeon led off at 1.30, and as a rule the list of three or four operations would be completed by about 4. A few incidents that happened are impressed on my memory. On one occasion Mr. Lloyd had a lithotomy, his plan for this operation being to plunge a bistoury from the centre of the perinæum directly into the rectum and cut straight out along the middle line (not infrequently the operator would be deluged by a spray of liquid fæces); then cutting into the groove of the staff, he reached the bladder in the usual way. On the occasion in question, although the stone had been struck before commencing, it could not be found, even after a prolonged search, and at length the boy was sent back to his bed. The next morning, however, the nurse found the stone in the bed. It was surmised that the small calculus escaped from the bladder at the end of the first gush of urine, slipped unobserved into the rectum, getting caught in a fold of mucous membrane, where no one dreamt of looking for it.

Shortly afterwards Mr. Skey failed to reach the bladder

by the lateral route, as the staff was prematurely removed, and consequently he was unable to extract the stone. Turning round he appealed to his colleagues for advice. Mr. Lawrence, with a characteristic expression, promptly remarked: "I should advise you have Mr. Lloyd's nurse to look after him." It may be explained that it was part of Mr. Skey's creed that no surgeon should take more than half a minute for a lithotomy, which necessarily means that each stage of the operation had to be completed with the utmost rapidity.

One other event in connection with a lithotomy occurred to Mr. Lawrence. The patient was an adult, and the stone of unusual size, the prostate having been incised with the "cutting gorget." Mr. Lawrence was unable to obtain a firm grasp of the stone, as the forceps continually slipped. Becoming somewhat perplexed at this *contretemps* he looked at Mr. Wormald, who was assisting, silently asking for help. Mr. Wormald suggested that he should have a try, and the forceps being handed over to him, he succeeded in manipulating the stone into a better position, and getting a good grip, drew the stone into the wound. Then with equal loyalty and courtesy he handed the forceps back to Mr. Lawrence, saying: "Now, sir, I think you will find the stone will come out." The stone being then easily extracted, Mr. Lawrence held it up still in the grasp of the forceps, with an air of triumph for the onlookers to see.

When operating for hernia, if the strangulation were of short duration great efforts were made to effect reduction by dividing the constricting band, without opening the sac, in the belief that this manoeuvre materially lessened the risk.

Mr. Stanley, when performing this operation, had an odd custom, which always excited the amusement of spectators. Instead of deepening his incision until the sac was reached he did a sort of dissection: taking up bits of fat in the forceps he cut them off, and with much unconscious deliberation planted them one by one in a row on the opposite thigh. This proceeding was comic in the extreme, and the more so that we invariably knew what was coming.

The sisters of Abernethy or Lucas Wards, according to the sex of the patient, attended in the theatre at all operations, one of the ward nurses accompanying the patient, taking back, after the completion of the operation, any instructions for the ward sister. Sister Abernethy of the time was a really splendid character, immensely respected by all. She was a sister of the Head Beadle Ansell. Another noted surgical sister was "Colston," to whom the nickname "Queen of Hell" was most unjustly given. A white-haired, fresh-coloured old lady, who, although she ruled her ward by fear, was in truth kind-hearted. The fact was she looked upon complaints by a patient as base ingratitude. Yet to see her every morning in the square, outside her ward, surrounded by a flock of city pigeons, which she regularly fed, settling on her head, shoulders, or arms, while she caressed them, showed she had at least one soft spot in her heart.

The sisters belonged to what I suppose would, in those days, be called the "genteel" class. They came without previous hospital experience, yet being intelligent and fairly well educated they quickly learnt their duties, nursing as well as official, and were devoted to their work and to the well-doing of their patients.

Nurses were seldom promoted to be sisters, for they were of the domestic-servant class, mostly middle-aged, and I fancy took up nursing when other occupations failed; not a few were widows. Their life was a hard one. There were three nurses to a ward, and each was on night duty one night in three; they lived, or rather herded, in the two dark, ill-ventilated rooms opening from the wards and placed in the lobby between the doors, leading into the front and back wards respectively. They did their best, but from lack of training could not be very reliable. The sisters' uniform was a dark blue stuff material, the nurses' a brown.

This retrospect would be incomplete without a reference to the steward of those days, Mark Morris, whose portrait hangs on the walls of the Steward's Office. Mark Morris was the trusted and, I may add, the beloved friend of well-nigh countless generations of house-surgeons. He was, by virtue of his office, the central figure of the life of the hospital. For every want, for any help everyone went to the steward, and everyone found him resourceful, sympathetic, anxious to oblige and to do all he could to help. He was always bright, cheery and witty, and had a pleasant word for everyone.

I well remember his appointment; he was curator of the surgery when the then steward died. On Mr. Stanley's arrival at the hospital Morris came up to him to bespeak his good work: "All well, squire, I see how it will be; now you want to be steward, next you will want to be physician, and then surgeon!" thus evidencing the *ne plus ultra* of a man's ambition in his mind. When, at the close of his career as Steward, worn out, and his health very seriously affected, Mark Morris, as he drove out of the hospital for the last time, took off his hat and reverently saluted the old hospital he had served so well, a fitting and characteristic climax to his career.

I fear the foregoing will not be so intelligible to many as I could wish, but without going into many details, which would be tedious, it is difficult to compare the work and duties of past times with those of the present day. One characteristic of the past still remains, and will do so—I mean the affection which all connected with the hospital bear towards it.

## The Treatment of Placenta Prævia.

By J. BARRIS, M.B., B.C., F.R.C.S.

**B**EFORE the various methods of treatment of placenta prævia can be discussed, and in order to know upon what principles our treatment is to be based, we must first consider why bleeding occurs, and how it stops.

Bleeding occurs from either of the two following reasons:

(1) The placenta is situated upon the lower uterine segment in this condition, and the function of this portion of the uterus is to dilate and stretch during labour. The placenta must therefore either stretch with the uterine wall, or must be separated from it. Since the placenta cannot stretch as can the uterine muscle, the latter alternative must take place. The raw placental site with its gaping sinuses is exposed, and so the bleeding must occur.

Hæmorrhage is accordingly said to be unavoidable in placenta prævia.

(2) But this is not the only cause of the bleeding; it is not produced solely by the dilatation. The dilatation is accompanied by an onward movement of the bag of membranes. The villi near the os internum are therefore first put on the stretch, and then broken away from the uterine wall.

The bleeding may therefore come from two sources: it comes mainly from the uncovered uterine sinuses, and it may come also from the placenta itself.

Bleeding is stopped in either of the two following ways:

(1) If the pains are strong the advancing part of the child is pressed down against the raw bleeding surface and stops the hæmorrhage.

(2) The separation of the placenta allows the uterine muscle to contract and retract, and by its retraction the muscular fibres compress the vessels.

But we must in addition bear another point in mind. It is this. We have two individuals to consider—the mother and the child. Unfortunately the lives of mother and child in this condition are antagonistic. *Accouchement forcé*, for example, favours the chance of a living child, but gives a high maternal mortality; version, on the other hand, gives better maternal results, but worse foetal. Thus Strassman states that rapid extraction improves the prognosis for the child by 28.5 per cent., but makes it worse for the mother by 11.4 per cent. Version, according to Munro Kerr, gives a 7.5 per cent. maternal and 52.3 per cent. foetal mortality; while the figures at the Rotunda, in Dublin, by version work out at 3.6 per cent. maternal mortality against 57.8 per cent. foetal.

If we agree, then, that the two lives are antagonistic in this condition, the point to be settled in our methods is which life is of the most importance.

Unquestionably the one to be considered is the mother, because (1) leaving sentiment on one side, the mother's life is undoubtedly of more value than the baby's; (2) the baby, if born alive, is often premature and may not continue to live; (3) it may be born asphyxiated, or injured in delivery, for its placenta is often badly developed, is certainly in part or altogether detached, and may in addition be torn in its foetal portion, so that foetal blood as well as maternal is lost. Consequently, since every form of treatment that gives a low maternal mortality necessitates, as we shall show, a slow delivery, the death of the foetus often results from asphyxia or hæmorrhage.

Thus we arrive at the following conclusion: "The child must take its chance; the mother must be the first consideration, and any special attempt to improve the chance of the child will be at the expense of the mother" (Champneys).

Bearing in mind the above facts, it is evident that the treatment of this condition must be based upon these lines, and may be summed up upon these broad principles:

(a) While the lower uterine segment is dilating, pressure must be applied to the vessels to stop the hæmorrhage.

(b) In the method of so doing the mother must be considered rather than the child.

(c) Contraction and retraction of the uterus must be encouraged.

That is to say, the only true treatment is delivery.

### TREATMENT.

The actual treatment may be considered in the following stages:

#### I. *Temporising.*

The only sure way of diagnosing placenta prævia is to feel the placenta with the finger through the internal os. Once it is certain that the case is one of placenta prævia, and not of accidental hæmorrhage, no matter how early in the pregnancy or how slight the symptoms, there is no doubt that the best and safest treatment is to empty the uterus and not to temporise. Temporising really means that you allow the case to take its own course, for there is no treatment except delivery which will ultimately stop the hæmorrhage in placenta prævia. Therefore, once it is diagnosed, no case of placenta prævia ought to be left until the patient is delivered.

Many obstetricians, however, take up a different position, and prescribe rest, sedatives, and vaginal douching until the child is viable. This is done in the interests of the child. Others do not go so far as this, but "temporise" in cases of partial placenta prævia only, and not in central. But, as has already been shown, the chances of the child being born alive or viable even at term are by no means good, and therefore the "temporising" practice exposes the

mother to grave risk for a very small chance of saving a child difficult to rear. Munro Kerr speaks of the practice of temporising in the following terms: "Only if a skilled medical attendant is living under the same roof, and in constant attendance—as, for example, in a large maternity hospital—should such treatment be considered, and even then I am not in favour of it, because I believe it to be a wrong attitude to assume towards the complication. When a placenta prævia has been diagnosed the uterus should be emptied."

We must now consider how this may be effected.

#### II. *The Os does not admit Two Fingers.*

The best treatment which we have at our disposal at the present time is to plug by the "Dublin" method. But for this treatment to be effectual the membranes must not be broken, and it must be properly carried out; if not it is worse than useless.

*The Dublin method.*—The patient is anaesthetised and placed in the lithotomy position, and all precautions taken as for a surgical operation. The external genitals having been thoroughly cleansed, a catheter is then passed to ensure the bladder being empty. The vagina is then washed out either with a weak antiseptic or sterile water to remove any blood-clot. A Sims' duckbill speculum is then introduced to hold back the posterior vaginal wall, or if this instrument is not at hand, two fingers of the left hand make an equally good retractor. The plugging is then introduced first into the cervix and then into each fornix in turn. This is tightly done. The vagina is then more loosely packed. While this plugging is being introduced an assistant must press down upon the fundus of the uterus. The material to be used may be strips of sterile cotton-wool tied upon a long sterile thread, or else long strips of white sterilised gauze. The hand is then placed upon the vaginal orifice to keep in this plugging while the abdominal binder is applied. This must be so pinned that the tightest part is at the fundus in order to keep the uterus pressed down, and this pressure is maintained by a perineal pad, which is pinned in front and behind to the abdominal binder. To ensure success these details must be carried out.

*The plug acts in two ways:* (1) The bleeding uteroplacental vessels are compressed between the presenting part and the tampon these in turn being fixed by the abdominal and perineal binders.

(2) It stimulates the uterus to contract and retract. The dilatation may not be complete by this method alone, but it stops the bleeding while dilatation is occurring, and when dilatation has occurred other methods can then be employed.

*Objections to this method.*—Opinion has been for a long time in the past, and is still, divided as to the use of the plug. Braxton Hicks brought forward these objections:

He said he was "against its use partly because unless perfectly done—and this is difficult—it is of no use, and if perfectly done it is very distressing to the patient, especially if it be necessary, which it often is, to renew it to avoid septic generation." But this method must be performed while the patient is under an anaesthetic, and so these objections are lessened at the present time.

Still, even at the present time, there are many obstetricians in England, Germany, and France who are opposed to this method, for, according to them, it has many disadvantages. They maintain, in the first place, that it does not always arrest the bleeding, but they admit it does so if the membranes are still unruptured. This method, as already stated, is *only* advised if the membranes are intact, and so this objection is done away with. The reason why it is so often blamed for not checking the hæmorrhage is because it is seldom perfectly done. For example, the abdominal and perineal binders are often not applied, and these are essential details.

They maintain, in the second place, that it may have to be repeated, and in the third place, that there is considerable risk of infection, no matter how carefully it is employed.

These are possible objections, but what are the alternative methods? Are they any better or as good? When the cervix will not admit two fingers it will not, unless under exceptional circumstances, permit of bipolar version, nor can the ordinary Champetier de Ribes' bag be introduced with safety.

Under these circumstances the alternative methods, then, are the following:

(a) Rupture of the membranes; (b) separation of the placenta; (c) dilatation of the cervix until it permits of version or the bag.

Consider these in turn.

(a) *Rupture of the membranes.*—This is done in order to provoke uterine contraction and enable the uterus to drive the presenting part down upon the bleeding sinuses. The objections are, first, that it does not infrequently fail to arrest the hæmorrhage; secondly, if it fails one is very awkwardly placed, for plugging is now, as we have stated, valueless after rupture of the membranes, and version may be impossible and dangerous, as the waters have drained away; and thirdly, the uterus may not contract at all. For these reasons this method is not advisable unless labour has advanced considerably by the time the patient comes under treatment, when rupture of the membranes is quite sufficient if the placenta be not central. In such cases the pressure of the advancing part arrests the hæmorrhage.

(b) *Separation of the placenta.*—R. Barnes advocated this method because, (a) a hindrance to dilatation is removed; (b) often bleeding stops because the placental site can retract. But the objections to this are that it is not always possible to reach far enough to separate the placenta entirely, and that bleeding may recur from the placental site, for the

utero-placental vessels are laid open if the uterus does not continue to contract. The position is, therefore, a very insecure one. Separation should never be done if there are no pains, and even if there are they may go off. It only stops hæmorrhage by hastening delivery, and there are more reliable ways of doing this.

(c) *Dilatation of the cervix.*—But the objections to this are that the cervix sometimes is so rigid that it fails to dilate. How is dilatation to be effected, then, if by the fingers it is difficult to regulate the force and to avoid tearing? *Accouchement forcé*, at any rate in this country, has long ceased to be regarded as permissible. It is suggested that small incisions should be made through the cervix until it is wide enough to practise bipolar version. But dilatation in this way is a very dangerous operation in the presence of placenta prævia, owing to the risk of deep laceration of the softened cervical tissues and of post-partum hæmorrhage from this source. If dilatation is to be employed at all it might be possible in some cases, provided the cervix will admit one finger, to use a smaller bag than the ordinary, and such bags can be obtained. But even this method may be often impossible.

Therefore, from a consideration of these alternatives we are driven to the conclusion that plugging is the safest treatment when the os does not admit two fingers.

### III. When the Cervix admits Two Fingers.

There are two alternatives: (a) bipolar version; (b) introduction of the bag.

(a) *Bipolar version.*—Probably the best routine treatment is to perform bipolar version according to the method of Braxton Hicks. It is not a difficult manœuvre, and the half breech can be made to press upon the bleeding veins and so arrest hæmorrhage while it dilates the cervix. In doing it go through the membrane to the side of the placenta, or, if the edge cannot be reached, go through the placenta.

It is necessary to observe one point strictly, and that is never to pull on the leg in these cases more than is sufficient to keep firm pressure on the bleeding surface; the uterus must be allowed to expel the fetus by its own efforts. Traction must only be made to arrest the hæmorrhage, and for this it need only be gently done. If the fetus is pulled upon there is much danger of tearing the lower uterine segment and cervix, and also the dangers following upon extension of the arms and head.

This method, combined with antiseptics, has brought the maternal mortality down to about 3.5 per cent., according to the figures recorded by Jellett in Ireland, and by Fry in America.

The great objection is that the foetal mortality is so high. Thus Munro Kerr in 40 cases showed 52 per cent. foetal mortality, Sonnenfeld 62 per cent., and Schauta's klinik in Vienna 54.9. In order to minimise this high mortality an

alternative treatment may be employed. But, again, we must remember in our methods that the lives of the mother and fetus are antagonistic.

(b) *The introduction of Champetier de Ribes' bag.*—The alternative method is the use of the bag, and that of Champetier de Ribes is the usual variety. The manner of its action is to compress the placenta against the uterine wall and so arrest hæmorrhage, and at the same time to dilate the cervix and so make expulsion of the child easy afterwards, and if uterine contraction fails, pressure on the bleeding point can be maintained and dilatation effected by gentle pulling on the bag. It should be introduced after the membranes are ruptured, and not before, for otherwise it is pushed against the unruptured membranes more of the placenta is stripped off and so more hæmorrhage will result, and the risk of asphyxia to the baby is increased. Further, the intra-uterine pressure will be increased by the bulk of the bag, and this may overstretch the uterine muscle, with the result that the pain may cease.

Employed in the manner indicated the published results show a decided fall in the foetal mortality by the use of the bag. Thus Pinaré records a 31 per cent. foetal mortality only; Zimmermann, out of 116 cases, shows a foetal mortality of 37 per cent.; Rutman also places the figure at 37 per cent., out of nineteen cases.

But the following objections can be brought forward:

(1) Spencer told the April meeting of the American Gynecological Society that though it reduces the foetal mortality considerably, it increases the maternal mortality.

(2) The risk of injury to the cervix is increased. Lea, Braun von Fernwald and others have recorded cases of rupture of the uterus, and Strassman has pointed out that after the expulsion of the bag there may be a very profuse discharge of blood.

(3) The bag may displace the presenting part, thus a vertex may be converted into a transverse position.

(4) Further, any mechanical device increases the risk of infection to the mother; the bag may burst or not be at hand at the critical moment. For bipolar version the only instruments required are the hands, and probably also on general grounds it is better to know well a simple method which can be employed at a moment's notice rather than to rely upon a method which may fail us.

On the whole, then, probably better results will be obtained by bipolar version in practice outside an institution than by the use of the bag.

### IV. THE PLACE OF CÆSAREAN SECTION.

Much attention has been directed to the place of Cæsarean section in the treatment of placenta prævia.

Kronig and Sellheim have recorded a remarkable series of cases treated in this way. They performed the operation twenty-six times; all the mothers recovered, all the children

being horn alive, and all who weighed over two kilos. survived.

The question was recently discussed by Jellett before the Obstetrical Section of the Royal Medical Society. He is opposed to this form of treatment. He stated that, firstly, with regard to the mother the existing mortality under the other methods was as low as 3.5 per cent., and showed that Cæsarean section would not reduce this. Secondly, with regard to the fetus the existing mortality is 57.8 per cent., and it would certainly seem at first sight as if Cæsarean section might improve this.

But the results are disappointing. To quote from his paper: "Jewett records the results of ninety-five abdominal Cæsarean sections with a foetal mortality of 34 per cent., of twelve utero-vaginal sections recorded by Bumm with a foetal mortality of 83.3 per cent., and of twenty-six vaginal sections recorded by Hammerschlag with a foetal mortality of 55 per cent. These figures show that vaginal Cæsarean section as a means of improving the foetal mortality need not be considered, and that abdominal Cæsarean section alone is of any avail. The latter, according to Jewett's figures, effects a reduction of about two fifths, and presumably if it was performed at an earlier stage in the case it would be more successful. It is, however, obvious that if Cæsarean section is to be of use it must be adopted in all cases, since we have no means of telling when the life of the fetus is in danger and when it is not; and it must be adopted to the exclusion of every other mode of treatment, otherwise it is probable that the fetus will die during the delay then caused, and a subsequent Cæsarean section be valueless.

"Seeing that, after Cæsarean section, the maternal death-rate is nearly four times greater than after the usual obstetrical methods, and that the prospects of the life of the child are bad, owing to their prematurity and the effects of the previous hæmorrhages, I do not think anyone is prepared to recommend such a course.

"Consequently, Cæsarean section is only likely to be performed for the sake of a fetus where life is of exceptional importance."

But although the opinion on the whole in this country, and also in America, is to condemn the method, yet it does not do so entirely, but grants Cæsarean section a place under certain exceptional circumstances. Thus Gew considers that these are as follows: (1) That the placenta be centrally situated; (2) that the os be small and rigid; (3) that the parts bleed freely on any attempt at manipulation; (4) that the surrounding conditions be favourable; (5) that the mother be not in a condition of collapse; (6) that the child be near full term and alive.

With regard to vaginal Cæsarean section, we may say that under no circumstances whatever is it conceivable that it is a suitable operation, and it should be absolutely condemned.

### V. AFTER-TREATMENT.

Finally, after a placenta prævia we must always be prepared for post-partum hæmorrhage. This occurs for two reasons:

(1) Want of contraction and retraction of the unusually situated placental site.

(2) Owing to laceration from too rapid delivery. Most probably the second is the commoner cause, and so this complication can often be avoided by slow extraction.

### 3 Waif of the Sea.

By CRAWFORD LINDSAY,  
Surgeon H.M.T. "Braemar Castle."



THE following incident, most suggestive of Mr. Clark Russell's word paintings of marine episodes, occurred in Lat. 26°, 51 N., Long. 51°, 42 W. during the passage of the above transport from Bermuda to Durban, *via* St. Vincent, carrying the 2nd Duke of Cornwall's Light Infantry for garrison duties at Bloemfontein. On Sunday morning, January 23rd, at about 10.30, the upper spars of a sailing ship were sighted to the southward; the weather was fine, with occasional fine-rain squalls. There was a fresh breeze and a moderate sea running from the N.E. Something in the appearance of the stranger, as to the set of her sails and neglectful steering, induced the officer of the watch to acquaint the captain with the circumstance, who, after a close inspection, ordered the ship's course to be altered with a view to clearing up the mystery. Naturally the passengers had noticed that the glasses of the officers on the bridge were constantly levelled at the strange ship, and the infection of interest and excitement soon communicated itself to all hands. The officers and ladies crowded the fore part of the boat deck armed with binoculars and cameras, while the tommies swarmed on the fore-castle head and other places of vantage. Conjectures, suggestions, and comments were very numerous as we ran down towards the vessel, which gradually, as the distance decreased, presented a more and more desolate appearance; the glasses catching the swing of an unbraced yard here and the flutter of a ribboned sail there. Now and then as she rose sluggishly on the summit of a swell, white water poured from her gaping seams.

Nearer and nearer she came—now coming up with her jib-boom pointing to the N.W., then falling off again and making a stern board, her head to the S.W.—until the whole melancholy marine picture was broad to the naked eye. She was a barque of about 800 tons, timber laden, waterlogged, and abandoned. Her port bulwarks from the bow as far aft as the poop were swept away, the line of rail

here and there marked by the jagged and splintered stump of a stanchion; in the starboard waist, also, there was a yawning gap where the bulwarks had been levelled to the deck. A deck-house abaft the fore-mast, on the top of which two boats were stowed, was badly holed, the sea washing in and out as she rolled to the swells; the decks were littered here and there with portions of her deck cargo of timber, and it is quite probable that this deck load, breaking loose, had caused the wholesale destruction of the bulwarks and damage to the deck-house. On skids at the foot of the mizzen mast were three boats intact, pointing to the probability that the crew had been taken off the wreck by some passing vessel. The port quarter was badly damaged, and there were indications that attempts had been made in the way of repairs. Aloft she was not in very great disorder; her foresail, lower fore topsail, jib and fore topmast staysail were in ribbons—pathetic distress signals fluttering from the bolt ropes—greatly adding to her dejected appearance. Her upper fore topsail was set, torn, and all awry, the canvas close reefed and the yards thrashing to-and-fro with the sodden swing of the floundering hull. The fore royal mast had broken off at the to'gallant rigging and was hanging, truck upwards, across the starboard to'gallant yard arm, supported in this position over the starboard to'gallant lift by the royal backstays and fore royal stay. The main topmast staysail was flying in tatters from the stay, the lower main topsail was set and appeared in good condition; the sail, however, was aback, the brace pennants snaking through the air to the pendulum swing of the masts, the yards being kept fairly steady by the weight of wind in the canvas. The mizzen-mast appeared in good order, the sails being made fast. Altogether she made a most pitiful object, especially to the sailor's eye, as she swung—blind and helpless—to the run of the surges, which broke over her sodden decks and poured, fresh and clear, through her opening seams. She had no will but that of the wind and sea, the guiding hand was gone and there she lay—

"Bawd to all disaster,  
Falling afraid lest any keel come near,—  
And with a kiss betray her to my master."

Kipling.

As we passed close under her battered stern, her name, "Crown," of Ritsoer, was with difficulty made out, and it was evident that nothing living could exist below decks. The contrast between the water-sodden, battered, helpless, lonely thing there, and our own trim, smart, well-found ship could not but make itself felt—the same azure, cloud-flecked sky over us both, and the same blue, flashing sea beneath, and as she fell away astern it was with a curious lump in one's throat, as at the passing of a child's funeral, that we saw her grow small and dim on the expanse of ocean, until her masts, with their storm-riven canvas, sank below the sea rim.

### Notes by an Old-Style Practitioner in Peking.

By H. V. WENHAM,  
Union Medical College, Peking.

THE following sketch was given to the writer by a Chinese doctor of the old school, and probably represents something of his own experiences. It is not at all unlike the practice in England one hundred years ago. Probably nine tenths of the people of China never get better treatment than that indicated in this article, and the majority do not get as good. It is hoped that its perusal will help to show the need of scientifically trained doctors in this great country, where so little has yet been done in the matter of medical education.

In translation, the Chinese idiom has been adhered to as far as possible. The Tsai Tsao pill ("live again pill"), which is referred to in the second case, contains many ingredients, but the "active principle" is extracted from a very lively and venomous snake found in the Province of Hupek.

#### A DOOR CASE.

Yesterday, early in the morning, a tradesman of some 40 years of age came to my house to ask me to see his sickness. He entered my pulse-room and said, "Sir, these few days I have been feeling a little out of sorts." I looked at his face; it was somewhat pale. I listened to his speech, it was neither clear nor free. So I asked him, saying, "Do you not experience a feeling of obstruction in your chest?" "Quite right!" he answered, "there is a feeling of fullness in the chest." Said I, "In my opinion you must be a man who readily gives vent to passionate breath." "Right again," said he, "I am a little hasty tempered." "If that is the case, in the pit of the stomach on the right-hand side, what fashion?" The patient replied, "On the right-hand side there is as it were a lump which throbs continually, and, moreover, it has a griping pain."

So I said to him, "Put out your left hand that I may feel your pulse and determine what is the matter." Accordingly, after I had taken his left and right hands, and had examined the three pulses in each, I told him, "The rest of your pulses are as usual, only the right lower and middle pulses are indeed delayed and ruffled. Your sickness, sir, is due to depressed and gloomy breath and loss of ease."

The sick man replied: "Indeed, sir, you are a marvellous physician! How could you, with one feel of my pulse, know all so truly?" Said I, "You had no sooner entered my room than I knew you were suffering from a little heated breath."

"Sir! how did you know that?"

"Because your face was pale; there was not a trace of colour left. Moreover, I saw that your breathing was fast

and deep, and that the front of your chest was full, surely because your breath was ill at ease. So when I asked you, 'In the pit of the stomach, your right side, what fashion?' you told me of a lump and griping pain. I went on to feel your wrist, and discovered that the right lower and middle pulses were delayed and congealed. Then I knew that you must have been affected by the angry breath of other men—it could be no ordinary cause—and that this sickness of yours was called 'breath depressed and ill at ease.'

"Then, doctor, bestow on me a prescription, if you please." So I prescribed for him a few tastes of medicine, which would open the chest, facilitate the breath, and disperse the melancholy, using as a vehicle the lotus husks. This I gave to him, and he departed. If you wish to know whether, after eating this prescription his malady was cured or not, well! you must seek the patient and enquire of him!

The medicines employed were as follows: Orange peel, 4 drachms; aromatic bark (?), 2 drachms; orange extract (?), 1 drachm; fragrant root (*R. cyperi*), 3 drachms; betel nut, 4 drachms; apricot kernels, 1 drachm; (as vehicle) lotus husks, 1 cupful; in water, 3 cupfuls. Evaporate to make half a cupful and take warm. The prescription, according to custom, was accompanied by the following note as to the prognosis of the case:

"To-day, determining the character of the pulses, all are manifestly depressed and slow. This is due to constricted breath.

"The treatment should aim at opening the chest, facilitating the breath, stirring the liver, and freeing the constriction. By such means a cure will be obtained."

#### A HORSE CASE.

Early this morning a gentleman, whose mother was seriously ill, proposed to invite a doctor to his house to see her. He therefore inquired of others whether or no there was near by any famous doctor. Someone said to him, "In this lane on the east side, if you go north one turn, to the west of the road at the third door, you will see hanging a notice board. On it is written, 'Shan Hui Chik, Inner City, great and small Pulse Cases.' This gentleman is very reliable."

Hearing these words he made haste to reach the house of Dr. Shan. Arrived at the door, one look; people crowded together immovable. "What," thinks he, "can so many men be doing here? I will inquire of this old man." "What is it you have all come here for?" said he. "Oh!" said the old man, "we have come to ask Dr. Shan to take our pulse cases." "This Dr. Shan, does he also go out to horse cases?" "Right," said he, "he does."

So the gentleman entered the gate-house and said to the taker of names, "I wish to invite Dr. Shan to my house to see my mother's sickness; can this be managed?" Said

the writer of names, "Where may your mansion be?" "I am at the Western Pai lou, close by the Board of Punishments." "Then," said the man, "if you invite Dr. Shan to visit your mansion there will be ten dollars horse fees. What do you think about it?" "Ho!" said he, "as much money as all that!" "Yes," continued the other, "from here to your mansion is very nearly ten li. When our master goes out to see patients he reckons according to the number of li. One li, one dollar. For less he will not go. So what is your decision?"

The gentleman replied, "So let it be then!" And the writer, after pocketing his fee, handed to him a numbered ticket to paste on the wall outside his gate, so as to be easily seen, and also to prevent knocking at the wrong door, and thus raising a commotion.

The gentleman then asked, "At what time will he be at my house?" "At the latest it will not be past five in the afternoon." So he took his number ticket and went off home, and pasted it up on the wall by his gate, and then he just waited in the house for the doctor to come.

It was just four o'clock when they heard outside a cry, "We've come on business!" The servant went out to the gate—one look—there was a cart, its driver wearing an official hat, and inside seated a gentleman of fifty years or more.

So the servant asked, "For whom are you looking?" and the driver replied, "This ticket pasted on the wall here is ours. Tell your master Mr. Shan Hui Chik has come!" The servant went inside, and said to his master, "The doctor has come; he is at the door." The master replied, "Quickly invite him to come inside, and beg him to sit in the library." Out went the servant, and cried aloud, "Ch'ing!" The doctor climbed down from his cart, and went with the servant straight into the library, where the master of the house was already awaiting him. When the doctor had entered, and had drunk a cup of tea, he then invited him to come to the inner apartments and be seated. Going straight into the dwelling rooms the doctor saw there an old lady of some seventy years or more lying on the bed. So he asked, "Since when was this sickness acquired?" and the gentleman replied, "My mother's illness has not been for the space of many days. Is not to-day the 23rd of the month? Then she fell ill on the 15th; that was the day." Said the doctor, "How is it that the old lady does not speak a word? Her right arm also does not move at all." The master of the house replied, "On the 15th, that day, my mother had not the least illness at all, but about noon, going out for a turn in the garden, she stumbled and fell, then recognised neither man nor things. Hastily we called the old woman to lift her up and bring her into the house. After this she could not speak, and the right side of her body could not move. We invited other doctors to come and see her. One and all said, 'A difficult case! hard to cure!' But, sir! your hand has a

kingdom's skill; it must be you can stretch it forth and bring about a cure."

Said Dr. Shan, "I will first feel her pulse and then say." So he first took her right hand and afterwards the left. Then said he, "The old lady's pulse is fluttering, slow, and weak. It is delayed and irregular, moreover without strength. Because her years are many, her breath and blood are cold, and truly it is not easy to cure. I will open for you a few tastes of medicine; these all have power to invigorate the blood, to disperse wind, to sustain the breath, to melt expectoration, and to cool the internal organs, such are their properties. You must go to the drug shop and buy a Tsai Tsao pill; dissolve it in this medicine that I have ordered, and that will be all right.

"You ask, why do I use this form of treatment? Your honourable mother's sickness is due to the fact that her breath and blood are cold, and she has been stricken by the wind."

"But, sir! will you not bestow upon us a prescription?"

Said the doctor, "This form of treatment you will find exceedingly satisfactory. If, after taking these few doses, on the morrow the old lady is able to speak, I will guarantee a cure. If not, you must then invite other doctors to undertake the case."

"In that case we must invite you again to-morrow, sir!"

Said the doctor, "You will now excuse my leaving you."

Then you might have heard the old woman call, "Escort the guest!" and outside a score of servants crying in turn, "He has descended!" In front walks the doctor, while the master follows escorting him right on to the outer gate. He himself takes out the fee of ten dollars and hands it to the driver. The driver receives it, whips up his horse, and they are gone.

### The Clubs.

#### SPORTS NOTES.

THE prospects of the various clubs for the coming season are particularly bright.

Last year both football clubs did extremely well, the Rugger losing by a try to London in a cup-tie, which was universally agreed to have been one of the finest ever seen; whilst the Soccer won the University Cup and lost by the odd goal to Guy's in the final of the Hospital Cup. Both clubs will be losing some good men this year, but we hear of good freshmen already up, and are hoping great things from the October men.

The hockey team were not so successful, but we are looking forward to a boom this season, as we are to have a ground of our own at Winchmore Hill.

It is to be hoped that the keenness shown all round last year will be continued during the coming season, and that by March we shall have one or two more "cups" on the Library table.

Lists will be found in the Smoking Room, and we hope there will be a record number of men intending to play this season.

The officials of the various clubs are as follows:

*Association.*—*Captain*, R. M. Barrow; *Secretaries*, A. E. Brock, A. J. Waugh.

*Rugby.*—*Captain*, A. E. Evans; *Secretary*, H. M. Gilbertson.

*Hockey.*—*Captain*, T. E. Heppar; *Secretary*, J. Nicholson.

### Books Received for Review.

*Fractures and Separated Epiphyses.* By Albert J. Walton, M.S., F.R.C.S. (London: Edward Arnold.) 10s. 6d.

*Some Observations on Poor Law Reform, with Special Reference to the Treatment of the Sick Poor.* By Gilbert Barling, M.B., F.R.C.S. (Birmingham: Percival Jones.)

*The Ear and its Diseases.* By Albert A. Gray, M.D. (London: Baillière, Tindall & Cox.) 12s. 6d. net.

*Sprains and Allied Injuries of Joints.* By R. H. A. Whitlocke, 2nd Edition. (London: Henry Frowde and Hodder & Stoughton.) 7s. 6d. net.

*Physiological Principles in Treatment.* By W. Langdon-Brown, M.A., M.D., F.R.C.P. 2nd Edition. (London: Baillière, Tindall & Cox.) 5s. net.

*A Practical Guide to Newer Remedies.* By J. M. Fortescue-Brickdale, M.D. (Bristol: J. Wright & Sons.) 5s.

*Hints for the General Practitioner in Rhinology and Laryngology.* By Dr. Johann Fein. (London: Rebman, Ltd.) 5s. net.

*Sanitary Law.* By Charles Porter. (London: Longmans.) 2s. 6d. net.

*Practical Physiological Chemistry.* By R. H. Aders Plimmer, D.Sc. (London: Longmans, Green & Co.) 6s. net.

*Manual of Practical Anatomy.* In 2 vols. 4th Edition. Revised by Prof. Arthur Robinson. (London: Henry Frowde and Hodder & Stoughton.) 10s. 6d. net each volume.

### Examinations.

UNIVERSITY OF LONDON.

*M.D. Examination, July, 1910.*

*Medicine.*—B. H. Barton.

*Mental Diseases and Psychology.*—A. T. W. Forrester.

*State Medicine.*—A. T. Nankivell (University Medal).

*Tropical Medicine.*—H. J. Walton (University Medal).

CONJOINT EXAMINATION BOARD.

*Diploma of Public Health, July, 1910.*

A. Barber, W. H. Cazaly, A. H. Hayes.

### Appointments.

FAWKES, MARMADUKE, M.B., B.S.Lond., M.R.C.S., L.R.C.P., appointed Certifying Surgeon under the Factory and Workshop Act for the Midhurst District of the county of Sussex.

HAMILL, P., M.A., D.Sc., M.R.C.S., L.R.C.P., is appointed Pathologist to the City of London Hospital for Diseases of the Chest, Victoria Park, E.

HOSKYN, C. R., M.B., B.S.Lond., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the Hospital of St. Cross, Rugby, and Medical Officer to the Rugby Provident Dispensary.

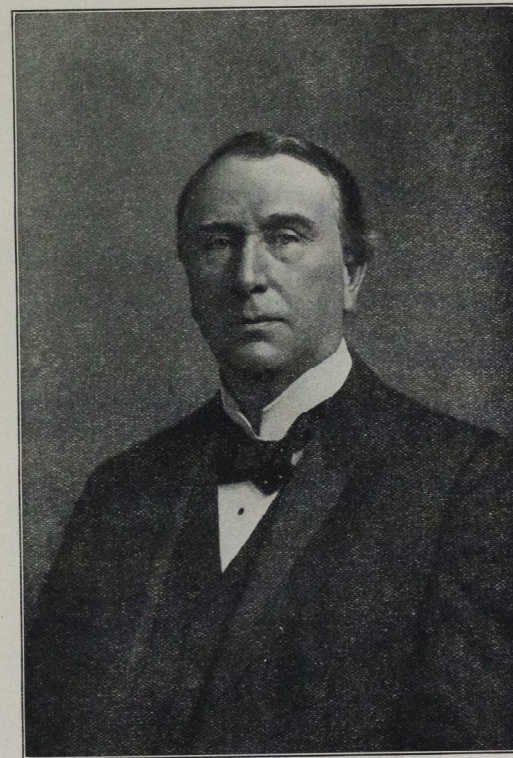
### Obituary.

JOHN LANCTON, F.R.C.S.



THE death of Mr. John Langton, Consulting Surgeon to St. Bartholomew's Hospital, took place on Sunday, September 11th, after a short illness. Mr. Langton was 70 years of age, and until comparatively

was while teaching in the 'rooms' that he formed a close friendship with Mr. Luther Holden, whose *Manual of Anatomy* he afterwards edited through several editions. This early work led to his appointment as Lecturer in Anatomy, and those who attended his lectures on this subject will remember his admirable elucidation of detail and the excellent drawings on the blackboard with which he illustrated his remarks. He was appointed assistant-



recently was actively engaged in the practice of surgery, and it was to him a matter for keen regret when advancing years necessitated the abandonment of the more exacting duties of a profession which was to him both work and hobby in one.

He entered St. Bartholomew's Hospital at the age of seventeen, and after his student days filled posts on the junior staff and in the Medical School of the Hospital. It

was while teaching in the 'rooms' that he formed a close friendship with Mr. Luther Holden, whose *Manual of Anatomy* he afterwards edited through several editions. This early work led to his appointment as Lecturer in Anatomy, and those who attended his lectures on this subject will remember his admirable elucidation of detail and the excellent drawings on the blackboard with which he illustrated his remarks. He was appointed assistant-

He was for many years a member of the Court of Examiners of the Royal College of Surgeons, and held the offices of Vice-President, Hunterian Professor of Surgery, and Bradshaw Lecturer.

He was a general surgeon in the best sense of the term, though on the subject of hernia the immense experience gained by his work at the City of London Truss Society—to which institution he was surgeon for close on forty years—made him an acknowledged expert. In the teaching of this or other branches of surgery he adopted methods peculiarly his own; and to his sound and straightforward style, and the faculty he possessed of bringing out the best in a student, many men owe gratitude for a lasting groundwork of knowledge. He was probably at his best in the wards of the Hospital, where his presence was always welcomed by his sisters and nurses; his patients loved him, and to them he was not merely the visiting surgeon, but a sympathetic friend who never omitted a kindly word.

He used to come down on Sunday mornings "to have a quiet round with his house-surgeon," as he said, and it was then that many of his great personal qualities became apparent. Christmas, also, was a season which rarely found him absent from the Hospital; and great was the delight of the youngsters in the wards when his Christmas visit—often accompanied by Mrs. Langton—was in progress.

Mr. Langton had a commanding presence and force of character. His life was permeated by his religious convictions, and he was always ready to forward the interests of that side of student life. Many will remember with pleasure the annual gatherings at his residences, and the sympathetic manner in which he would allude to the difficulties of a student's career.

For the last two years Mr. Langton's health had been failing, but it was only on September 4th that more urgent symptoms—of hemiplegia—appeared. He passed quietly away on Sunday, September 11th; he was buried on September 14th at East Finchley, while on the same day a largely-attended memorial service was held at St. Bartholomew the Less.

His large circle of friends and acquaintances, as well as his family, will sorely miss a wise and good man.

### Memorial Service to Mr. John Langton.



MEMORIAL Service to the late Mr. John Langton, Consulting Surgeon to the Hospital, was held in the Hospital Church of St. Bartholomew the Less on Wednesday, September 14th, at 12 noon. The Hospital, the Rev. H. S. Close, M.A., and the late Assistant Hospital, the Rev. Richard Adams, officiated. A large number of representatives of the Hospital and School and other friends were present.

The Governing Body of the Hospital was represented by Mr. Almoner Patrick Byth, and the officials by Mr. H. W. Cross, who was accompanied by the late Clerk, Mr. W. H.

Cross, B.A., the Steward, and others. Among the members of the Staff present were Sir Lauder Brunton, Bart., Dr. W. P. Herringham, Dr. James Calvert, Dr. Horton-Smith Hartley, and Mr. W. McAdam Eccles.

The Royal College of Surgeons was represented by Mr. R. Clement Lucas and the Secretary, Mr. S. F. Cowell, while Dr. F. W. Willway was present on behalf of the Council of the Royal National Mission to Deep Sea Fishermen, and Dr. W. Gauld on behalf of the Mildmay Mission Hospital, of which Mr. Langton was Consulting Surgeon.

Among old pupils and friends present were Dr. C. S. de Segundo, Dr. J. B. Christopherson, Mr. Alban Doran, Mr. Walter Edmunds, Dr. J. A. Willet, Dr. Owen Lankester, and several of the sisters and nurses and students.

Mr. Langton's two favourite hymns, "All Hail the Power of Jesu's Name" and "Peace, perfect Peace," were sung, and the "Dead March in Saul" was effectively rendered by Sister Abernethy.

### The St. Bartholomew's Hospital Christian Union.

THE Christian Union was started in May, 1874, although it was not officially organised till 1877, when it became a junior branch of the Medical Prayer Union. Meetings have been held throughout each session since that time.

The Christian Union is now a part of the Student Christian Movement of Great Britain and Ireland, which, again, is part of a world-wide union of Christian students, the World's Student Christian Federation, which has a membership of over 150,000 students.

This Movement began in 1893 as an outgrowth of the Student Volunteer Missionary Union, which was formed in 1892 as a result of the interest awakened through the visits to several universities of Stanley Smith and C. T. Studd, two of the "Cambridge seven," prior to their departure as missionaries to China.

At that time there were religious organisations in only twenty British colleges; to-day there are Christian Unions in nearly 125 colleges and universities, with a membership of 4500.

The World's Student Christian Federation contains members from more than forty different countries the world over; it holds international conferences every few years, the last being at Oxford in 1909, and the next one probably will take place at Constantinople in 1912.

Every year the Student Christian Movement of Great Britain and Ireland holds a summer camp conference at Baslow in Derbyshire, the attendance at which has increased so rapidly that this year the conference had to be divided into two parts to allow of proper accommodation.

During the winter session conferences are held in London, and the last two years there have been large gatherings in the Mansion House and Guildhall. This year the Bishop of London is addressing a mass meeting of students at the Guildhall on Friday, October 28th.

The objects of the Christian Union are:

(a) To unite in fellowship students who believe in Jesus Christ as God the Son and the only Saviour of the world.

(b) To promote their spiritual life.

(c) To lead students to become disciples of the Lord Jesus Christ.

(d) To interest students in extending the kingdom of Christ, throughout the world.

There is a special missionary meeting each term. During the winter session it has been decided to have three or four Bible circles, meeting each week for one hour, to study the Bible, using Oldham's "Teachings of Jesus" as a textbook.

A prayer meeting is held in E. 1, The College, every day at 11.15 p.m.

Hon. Sec., N. B. Jepson; Hon. Treas., C. T. Neve.

### Reviews.

POST-MORTEM MANUAL: A HANDBOOK OF MORBID ANATOMY AND POST-MORTEM TECHNIQUE. By CHARLES R. BOX, M.D., B.S., B.Sc.(Lond.), F.R.C.P.(Lond.), F.R.C.S.(Eng.), Physician to Out-patients, St. Thomas's Hospital. London: J. & A. Churchill. Pp. 316 and 19 illustrations. 6s. net.

Dr. Bentley, the well-known scholar and master of Trinity College Cambridge, once remarked that in a certain number of years a man might have read all the books worth reading, but whoever has looked into men's bodies knows that there is no such limit in the reading of the characters of disease.

Nevertheless there has been a dearth of modern works dealing with this very important branch of medicine, and especially of post-mortem technique. The student too often looks upon his period of clerking in the post-mortem room as of quite minor importance, not realising that it is only there that he can acquire accurate notions of disease processes and sound principles of diagnosis.

The book under consideration gives an excellent account of the way in which an autopsy should be conducted. It is divided into ten chapters, seven of which are concerned with the examination and morbid appearances of the various parts of the body. The arrangement is good, the descriptions of the viscera being appended to the sections dealing with their removal.

As a handbook of morbid anatomy the book is almost too sketchy to be of great value, though several of the paragraphs are excellent, and we would specially commend those dealing with the distinctive characters of ante-mortem and post-mortem blood-clots, diseases of the lungs, and of the pelvic viscera.

For collecting pericardial fluid and heart's blood for bacteriological examination the author recommends searing the pericardium or heart-wall, as the case may be, then incising with a sterile scalpel and removing the fluid or blood with a platinum loop. This is a tedious proceeding, and there is much less risk of contamination in the case of the heart's blood if, after searing the wall of the right auricle, a small sterile glass pipette with rubber suction-bulb attached is thrust in. Blood or serum may then be withdrawn, even from an infant's heart, and culture tubes inoculated and films prepared. This examination should be a routine practice in the post-mortem room of all medical schools at the present day.

The illustrations are for the most part good and well chosen, though that on p. 76 illustrating the examination of the coronary arteries is misleading, for in the text the author says, quite rightly, that "the arteries should be opened up with fine scissors," whereas in the illustration referred to the artery is exposed at various parts of its course by a series of transverse cuts in the heart-muscle.

Chapter X contains a section on embalming. Full directions for the operation and formulæ of embalming fluids are given; this should prove of great value to anyone called upon to carry out this work.

Anyone following the directions of Dr. Box cannot go wrong or miss any lesion in the performance of a post-mortem examination.

SUPER-ORGANIC EVOLUTION. By ENRIQUE LLURIA. Translated by RACHEL CHALLICE and D. H. LAMBERT, B.A.(Oxon). Williams & Norgate. Pp. 233 + xviii. Price 7s. 6d. net.

One cannot read this interesting book without at once appreciating the excellence of the translation. It so frequently happens that books of this type are "done into" English rather than translated; but in this case no phrase or expression foreign to the English language has found its way into the text. The book deals with the problem of social evolution. Dr. Ramon y Cajal has written a preface, in which he brilliantly reviews the whole subject with which the book deals. The book consists of a "piece of special pleading." The author is apparently a Socialist, or rather, a Communist. For the reader's benefit he passes in review many well-known and interesting facts showing the gradual development of all things at all times. He considers that the survival of the fittest is not the cause of progress, but rather that there is some force, which he does not define, which is inducing everything to develop, forcing everything to perfect itself. The reason why man is not perfecting himself now is because of the curse of the capitalist and his capital. Were it not for capital, progress would be immediate in onset, rapid in growth, and man would shortly be transformed. He would have an immense head, enormous brain power, and a great desire to induce the early arrival of the millennium. Social "drones" exist solely by the aid of capital.

Such persons are not blessed with the most active types of brain. Yet their offspring will have a better chance of success than those of their struggling brethren blessed with more brains and less capital, which is what he, Lluria, maintains is exactly what should not occur. The children of the poor, clever parents should get a better chance in life than those of the supposedly rich foolish people. Apparently all poor people are clever, and all wealthy people are fools, and their children should not prosper. But what about the saying, "A fool and his money are soon parted"?

The book bristles with fallacies, and is of very slight practical value; but it is extremely entertaining, and can be recommended to all those interested in sociology.

There are one or two obvious printing mistakes or errors of translation, e.g., page 29, line 8, for *narrow read wide*. But such are few and far between.

The book is well printed on good paper.

A MANUAL OF OPERATIVE SURGERY. By SIR FREDERICK TREVES, Bart., and JONATHAN HUTCHINSON. Vol. II, 3rd edition, complete in two vols. (London: Messrs. Cassell and Co.) Price 36s. net.

The subject matter of this volume of eight hundred and nine pages covers practically the whole range of operative Surgery with the exception of that of the abdomen.

Among the features of the book which strike us as particularly good are the eight coloured diagrams; those of the anterior triangle of the neck and of the left subclavian artery with its relationships, though purely anatomical, are of use in avoiding the necessity of having an anatomy book at hand when reading operative surgery.

The chapters on stumps and on the general principles of amputation are very full; the characteristics of a good stump we have nowhere seen better described.

The diagrams of hare-lip operations are numerous and well drawn, though we fancy they will prove of more use from an examination point of view than as a help to the operator.

A few points we feel bound to criticise. For instance, the surface marking of the middle meningeal artery is not simple enough. Why, oh why, is the old diagram of the left cerebral hemisphere with the motor area marked in front of and behind the fissure of Rolando still retained? Removal of sebaceous cysts of the scalp by dissection is recommended on the ground that there is less risk of infection of the wound than if the cyst is transfixed and its wall pulled out with forceps; we consider the latter treatment preferable for two reasons, one its rapidity and the other that the deeper layers of the scalp are less likely to be opened up and infected if the scalpel be not used after the first incision.

The collateral circulations of the body are illustrated by diagrams and well tabulated.

It is perhaps still too early to find operations on the pituitary body inserted, but as these are now described to the Fellowship Class it might be as well if they found a place in this book, which apparently aims at being a fairly exhaustive text-book.

### Royal Naval Medical Service.

The following appointments have been announced since August 20th, 1910:

Fleet-Surgeon H. C. Arathoon to the "Formidable," to date September 6th, 1910.

Surgeon F. C. Searle to the "Agamemnon," to date September 27th, 1910.

### New Addresses.

CAMMIDGE, P. J., 32 Nottingham Place, W.  
COOMBS, H. M. McC., Royal Free Hospital, Grays Inn Road, W.C.  
CORKER, Col. T. M., A.M.S., Head Quarters, Army of Occupation, Cairo.  
CUMBERLIDGE, W. I., 159, London Road, Leicester.  
DINGLE, W. A., Strathmore, St. Brannock's Road, Ilfracombe.



DOBSON, J. R. B., The Elms, Staunton, Coleford, Glos.  
 FAWKES, M., Church Hill, Midhurst.  
 GLENNY, E. T., Carilla 5, Cuzco, Peru, S. America.  
 GORDON, F. J., 3, Esplanade, Tenby, S. Wales.  
 GRIFFIN, J. F., Baldock, Herts.  
 HAYES, Capt. A. H., R.A.M.C., 17, Randolph Gardens, Dover.  
 HOSKYN, C. R., 21, North Street, Rugby.  
 HUGO, Major E. V., I.M.S., Egerton Road, Lahore, Punjab.  
 JOHNSTON, D. M., 2, Rocky Hill Terrace, Maidstone.  
 LINDSAY, A. W. CRAWFORD, The Gables, Suffolk Avenue, Southampton.  
 MAINPRISE, Major C. W., R.A.M.C., R.A.M.C. Mess, Rawalpindi, India.  
 NIXON, J. A., 19, Mortimer Road, Clifton, Bristol.  
 ROBINSON, Captain J. E., I.M.S., "Rajkote," Dorchester.  
 VAN SCHALKWIJK, J., The British Lying-in Hospital, Endell Street, W.C.  
 SCOTT, Surg. G. B., R.N., The Gipping, Wimbourne Road, Bourne-mouth.  
 SMITH, Surg. W. C. B., R.N., H.M.S. "Triton," Harwich.  
 WARREN, A. C., 41, Lansdowne Road, Notting Hill, W. (Telephone 1799 Western).  
 WINCE, W. G., 35, Highbury Place, N.

### Births.

ANSTEV-CHAVE.—On August 15th, at Allandale, Pen-y-lan Road, Cardiff, the wife of T. Anstev-Chave, M.B.Lond., F.R.C.S.E., of a daughter.  
 FOSTER.—On August 16th, at 63, Lower Baggot Street, Dublin, the wife of Captain R. L. V. Foster, Royal Army Medical Corps, of a daughter.  
 GARDNER.—On August 4th, at 23, St. John's Hill, Shrewsbury, the wife of Dr. H. Willoughby Gardner, of a son.  
 HUGO.—On August 12th, at Mussorie, India, the wife of Major J. H. Hugo, D.S.O., M.B., B.S.Lond., D.P.H., I.M.S., Agency Surgeon in Bundelkhand, of a son.  
 HUTT.—On August 8th, at 626, High Road, Tottenham, the wife of Charles E. Hutt of a son.  
 JOY.—On 28th August, at Bradford, Berks, the wife of Norman H. Joy, M.R.C.S., of a son.  
 MEAD.—On August 10th, at Lowestoft, the wife of John Clarke Mead, M.B., B.S.Lond., F.R.C.S.Eng., and daughter of the late Alexander Cameron, M.D., of Caistor, Lins., of a daughter.  
 MILSON.—On August 4th, at 399, London Road, Thornton Heath, the wife of E. G. D. Milson, M.R.C.S., of a son.  
 ORMEROD.—On July 26th, at Beauchamp Lodge, Wimborne, the wife of Ernest W. Ormerod, M.D., of a daughter.  
 POOLEY.—On 19th September, at 15, Gladstone Road, Rammoor, Sheffield, the wife of G. H. Pooley, F.R.C.S., of a daughter.  
 PRINGLE.—On August 15th, at 195, Croydon Road, Anerley, the wife of Ernest G. Pringle, M.D., of a daughter.  
 TAYLOR.—On September 20th, at Tun Bridge, Liphook, the wife of J. J. Taylor, M.A., M.D., of a son.  
 TRAVERS.—On September 22nd, at 22, Upper Phillimore Place, Kensington, W., the wife of Ernest Travers, M.D.Lond., of a son.  
 WARE.—On September 16th, at 12, Petersham Terrace, S.W., the wife of A. M. Ware, of a daughter.  
 WILMER.—On September 3rd, at Broomy Lodge, near Ringwood, Hants, the wife of Charles H. Wilmer, of The Orchard, Lyndhurst, of a daughter.  
 WROUGHTON.—On August 4th, at "Boroughfield," Bricket Road, St. Albans, the wife of Captain A. O. B. Wroughton, Royal Army Medical Corps, of a daughter.

### Marriages.

BOYLE-GREEN.—On September 3rd, at St. Marylebone Church, by the Rev. W. D. Morrison, LL.D., Rector of the Parish, Henry Edmund Gaskin Boyle, M.R.C.S., L.R.C.P., Anesthetist to St. Bartholomew's Hospital, son of the late Henry Endolphus Boyle, of Barbados, West Indies, to Mildred Ethel Green, widow of the late Leslie Green, F.R.I.B.A., and elder daughter of John W. Wildy of Cedars Road, Clapham Common.  
 REID-HARRISON.—On August 15th, at Holy Trinity Church, Berwick-upon-Tweed, by the Venerable Archdeacon of Lindisfarne, Edward Douglas Whitehead, elder son of the late Thomas Whitehead Reid, M.D., and of Mrs. Reid, of St. George's House, Canterbury, to Mary Dixon, daughter of George Alfred Harrison, Esq., and of the late Mrs. Harrison, of Tweed House, Berwick-upon-Tweed.  
 SPICER DUNHAM.—On September 1st, at All Saints' Church, Weybourne, Norfolk, W. T. Holmes Spicer, of 5, Wimpole Street, Cavendish Square, to Helen, daughter of the late James Harvey Dunham, of New York.  
 WATERFIELD-CROWFOOT.—On August 9th, at the Parish Church, Beccles, Suffolk, by the Right Rev. L. N. Gwynne, Bishop of Khartoum, assisted by the Rev. J. H. Crowfoot, Chancellor of Lincoln Cathedral, and the Rev. R. Burges Bayly, uncles of the bride, Noël Everard Waterfield, M.B., B.S.Lond., F.R.C.S.Eng., of the Sudan Medical Service, son of the late W. J. W. Waterfield, R.N., of Plymouth, to Ellen Mabel, daughter of W. M. Crowfoot, J.P., F.R.C.S., of Beccles.

### Deaths.

LANGTON.—On September 11th, at his residence, 20, Bentinck Street, Cavendish Square, John Langton, F.R.C.S., aged 70.  
 TAIT.—On August 14th, Edward Willett, "Tom," the eldest son of Edward Sabine and Frances Emily Tait, in his twentieth year, after an illness of three days.  
 WEATHERLEY.—On August 11th, at Hillside, Portishead, Frederick Weatherley, M.R.C.S., C.C. and J.P. for the County of Somerset, aged 90.

Acknowledgements held over.

### NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.  
 The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.  
 All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.  
 A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d or carriage paid 2s. 3d.—cover included.

# St. Bartholomew's Hospital



## JOURNAL.

VOL. XVIII.—No. 2.]

NOVEMBER, 1910.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal.

NOVEMBER 1st, 1910.

"Æquamemento rebus in auriis  
 Servare mentem."—Horace, Book ii, Ode iii.

### Calendar.

Tues., Nov. 1.—Dr. West and Mr. Bowly on duty.  
 Wed., " 2.—Clinical Lecture. 12.45 p.m. Mr. D'Arcy Power.  
 Thurs., " 3.—Abernethian Society, Clinical Evening.  
 Primary F.R.C.S. Examination begins.  
 Fri., " 4.—Dr. Ormerod and Mr. Lockwood on duty.  
 Clinical Lecture. 12.45 p.m. Dr. Tooth.  
 Mon., " 7.—Special Lecture. 1 p.m. Dr. Fletcher.  
 Tues., " 8.—Dr. Herringham and Mr. D'Arcy Power on duty.  
 Wed., " 9.—Clinical Lecture. 12.45 p.m. Mr. D'Arcy Power.  
 Thurs., " 10.—Abernethian Society, A. S. Woodwark, M.D., M.R.C.P., "Treatment of Dyspepsia and Chlorosis."  
 Fri., " 11.—Dr. Tooth and Mr. Waring on duty.  
 Clinical Lecture. 12.45 p.m. Dr. Moore.  
 Mon., " 14.—Special Lecture. 1 p.m. Mr. Eccles.  
 Tues., " 15.—Dr. Norman Moore and Mr. Bruce Clarke on duty.  
 Wed., " 16.—Clinical Lecture. 12.45 p.m. Mr. Lockwood.  
 Thurs., " 17.—Final F.R.C.S. Examination begins.  
 Abernethian Society, A. E. Stansfeld, B.C., "Some Cases of Liver Disease."  
 Fri., " 18.—Dr. West and Mr. Bowly on duty.  
 Clinical Lecture. 12.45 p.m. Dr. West.  
 Mon., " 21.—Special Lecture. 1 p.m. Mr. Harmer.  
 Tues., " 22.—Dr. Ormerod and Mr. Lockwood on duty.  
 Wed., " 23.—Clinical Lecture. 12.45 p.m. Mr. Lockwood.  
 Thurs., " 24.—Abernethian Society, R. W. Michell, M.D., F.R.C.S., "Some Early Signs of Cardiac Incompetence."  
 Examination D.P.H. Oxon. begins.  
 Fri., " 25.—Dr. Herringham and Mr. D'Arcy Power on duty.  
 Clinical Lecture. 12.45 p.m. Dr. Ormerod.  
 Mon., " 28.—Special Lecture. 1 p.m. Dr. Adamson.  
 Tues., " 29.—Dr. Tooth and Mr. Waring on duty.  
 Wed., " 30.—Clinical Lecture. 12.45 p.m. Mr. Waring.

### Editorial Notes.

**N**EXT month we referred to the proposal for making a strenuous effort to interest all freshmen in the Students' Union and its various subsidiary clubs, athletic and otherwise. In spite of much adverse criticism, and many doubts as to whether any social gathering would serve its purpose and attract a good attendance of freshmen, a meeting was arranged to take place in the Abernethian Room on Tuesday afternoon, September 6th. It was a complete success. We understand that almost everyone who had entered the Hospital during the last twelve months accepted the invitation to be present issued by the secretaries of the Students' Union. At any rate, the Abernethian Room was quite crowded. The object of the meeting was explained by Mr. Waring, the President, and afterwards the various athletic club officials spent a busy half-hour rounding in fresh blood.

This is the first time that any such meeting has been held, and we hope that those who were responsible for it will be repaid by much added keenness in the hockey and football clubs.

\* \* \*

THE Abernethian Society has made a very successful start with its winter programme. The sessional address, by Sir Dyce Duckworth, on "Notes on Heberden's Commentaries," was particularly interesting in its reference to the careful clinical observation of an old-time physician, many of whose deductions have been substantiated by later research. We understand that the address is to be published in the *St. Bartholomew's Hospital Reports*.

The second meeting of the Society also attracted a large number of members, and a very excellent series of cases illustrating the effect of the remedy "606" was shown by Mr. McDonagh.

\* \* \*

THE Old Students' Dinner, held on October 3rd, was certainly a very enjoyable affair. Everyone was appreciative

of the arrangements that had been made, and the various toasts were enthusiastically received. We gathered from the trend of the speeches that there is some reason for indulging in the hope that the sword that overhangs us, in the shape of the threat to close half the beds in the Hospital, may be shortly removed. It would certainly be gratifying to learn that economy within, supplemented by philanthropy from without, had attained this.

\* \* \*

Now that the leaves are disappearing it is easier to realise the very drastic way in which our trees in the square have been treated by the woodman. Surely neither hygiene nor safety requires the sacrifice of all the branches? On the eastern side of the square the bole of what was once a presentable tree now looks as though twenty years at least will be needed to make it an ornament again.

\* \* \*

*Round the Fountain* is out of print. The profits of the sale amounted to £29 os. 9d., and this sum has been handed over to the Hospital authorities for the fund for the rebuilding of the Nurses' Home. The accounts and vouchers are open for inspection in the Renter's office.

Now that the book can no longer be purchased, many people have discovered that they really did intend to buy a copy. The type has been distributed, and the cost of reprinting would be considerable. If the editors could be certain of a sale of 200 more copies they would be willing to issue a new edition, with one or two additional poems and *jeux d'esprit*. A list has been opened in the JOURNAL office, and if and when prospective purchases amount to 200 copies, a new edition will be printed. All communications should be addressed to the "Editors of *Round the Fountain*, JOURNAL Office."

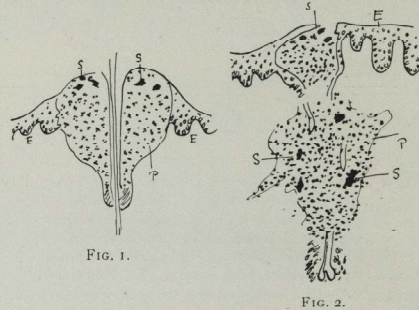
\* \* \*

OLD Bart's men may be interested to hear how the Hospital wards have been re-arranged. Elizabeth is to be the new obstetrical ward, while Charity is divided, as was Elizabeth formerly, between Dr. Tooth and Dr. Griffith. Radcliffe is to become an additional septic ward, which is very greatly needed. Most of the diphtheria cases are to be sent on to fever hospitals in the future, while any urgent tracheotomy cases are to be put into Isolation ward. The other wards are arranged as follows: Dr. Norman Moore, Mark and Hope; Dr. Samuel West, Luke and Faith; Dr. Ormerod, Matthew and John; Dr. Herringham, Colston and Mary; Dr. Tooth, Rabere and Charity; Mr. Bruce Clarke, Sitwell and Lawrence; Mr. Bowlby, Pitcairn and Stanley; Mr. Lockwood, Kenton and President; Mr. D'Arcy Power, Henry and Lucas; Mr. Waring, Darker and Harley. Paget is divided amongst the surgeons.

### Some Eruptions due to Streptococcal Infection of the Skin.

By H. G. ADAMSON, M.D.

THE more recently acquired knowledge of streptococcal infections of the skin has not yet become very widely diffused, and probably most medical men if asked to name the skin diseases which are due to local infection by streptococci would mention only erysipelas. During the past ten years, however, it has been shown that not only is the common *impetigo contagiosa* due to a streptococcal infection, but that many other eruptions hitherto grouped as staphylococcal infections, and some which were not even regarded as coccogenic diseases, are of streptococcal origin. Apart from the many features of interest which these discoveries present for the pathologist and for the dermatologist, this knowledge is of great impor-



FIGS. 1 AND 2 ARE DIAGRAMS REPRESENTING THE MICROSCOPICAL APPEARANCES OF PERIFOLLICULAR PUSTULES OF STAPHYLOCOCCIC ORIGIN. E, EPIDERMIS. P, POLYNUCLEAR LEUCOCYTES (PUS-CELLS). S, COLONIES OF STAPHYLOCOCCUS PYOGENES.

tance from the practical side of diagnosis and treatment. For, as we shall see, the type of lesion of the streptococcal skin affections is a superficial blister, in which the seat of infection is readily reached by antiseptics, so that these eruptions, although often formidable in appearance and sometimes grave in their results if misunderstood, are very readily cured if their true nature is recognised.

#### SOME PRELIMINARY REMARKS UPON THE STAPHYLOCOCCIC SKIN AFFECTIONS.

Although the streptococcus is now regarded as the infective agent in many of the eruptions just referred to, the staphylococcus has not been entirely displaced from the position it once held as the supposed causative agent of all such diseases of the skin as are called "pyogenic infections" or impetigos. Some are still included among the staphylo-

coccal infections. Among the eruptions of this class for which a staphylococcal invasion is responsible are *boils* and *carbuncles*, *syosis menti*, the *secondary pustulation of acne vulgaris*, *multiple subcutaneous abscesses in infants*, and the *follicular pustulation following friction with certain chemicals or drugs*. All these eruptions of staphylococcal origin are characterised by the presence of a pustule in and around a hair-follicle (Figs. 1 and 2). The staphylococcus gains entrance at the mouth of a pilo-sebaceous follicle, and the reaction to the staphylococcal invasion is accompanied by a marked polynuclear leucocytic infiltration, or, in other

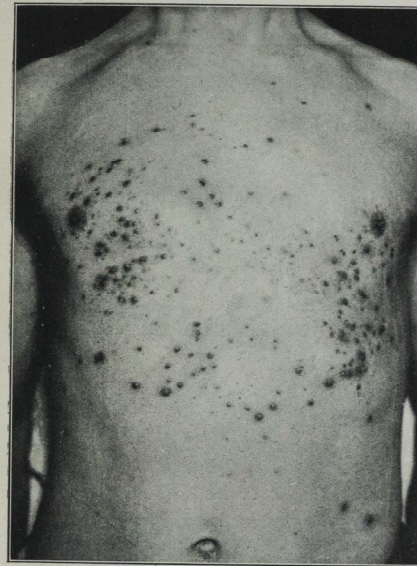


FIG. 3.—IMPETIGO OF BOCKHART—PUSTULAR, FOLLICULAR, STAPHYLOCOCCIC. EACH PUSTULE IS SITUATED IN AND AROUND A HAIR-FOLLICLE.

words, by pus formation around the hair-follicle. The photograph (Fig. 3) is a good illustration of a pustular follicular eruption of staphylococcal origin. These staphylococcal skin eruptions are sometimes grouped together under the one name of "impetigo of Bockhart." Owing to the deep-seated nature of the infection, such eruptions are often difficult to cure by ordinary local measures, and it is particularly in this class of eruption that the methods of vaccine treatment and of X ray applications are found useful.

#### SKIN AFFECTIONS OF STREPTOCOCCIC ORIGIN.

But it is with the other group of coccic infections—the phlyctenular, streptococcal infections—which we are now

mainly concerned. These, in contrast with the staphylococcal infections, are characterised by the superficial character of their lesions and by the exudation of serum, not of pus, as the prominent feature of the local reaction to the coccic invasion. The fundamental lesion of a streptococcal skin eruption is a superficially seated vesicle or blister. This fact is always to be borne in mind when studying the different types of eruption of streptococcal

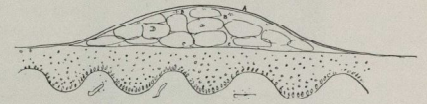


FIG. 4.—DIAGRAM OF THE FUNDAMENTAL LESION OF IMPETIGO OF STREPTOCOCCIC ORIGIN. A, ROOF OF VESICLE FORMED BY CELLS OF THE HORNY LAYER. B, B, COLONIES OF STAPHYLOCOCCUS BELOW THE ROOF OF THE VESICLE. C, C, CHAINS OF STREPTOCOCCI IN THE FLOOR OF THE VESICLE. D, D, THE SERUM OF THE VESICLE DRIED INTO BLOCKS.

origin, for their varying clinical features will then be more easily understood.

The reason that for so many years these streptococcal impetigos were believed to be of staphylococcal origin was explained by Sabouraud in a monograph on impetigo, which he published in 1901—a work which revolutionised the study of so-called pyodermic eruptions of the skin.

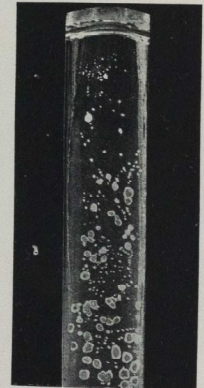


FIG. 5.—A CULTURE MADE FROM THE FLOOR OF THE VESICLE, SHOWING NUMEROUS COLONIES OF STREPTOCOCCUS BETWEEN THE LARGER STAPHYLOCOCCUS GROWTHS.

Sabouraud showed that the error was due to the fact that cultures were made on solid media, and that the smaller and more slow-growing colonies of streptococcus were from the first overgrown and hidden by the more luxuriant colonies of the staphylococcus. By using a fluid medium, and by making the cultures in capillary pipettes (so as to get practically anaerobic conditions), the presence of the streptococcus was readily demonstrated. He further showed

that, while the staphylococcus flourished as a secondary infection in the serum of the vesicle, where it was found in colonies towards the roof of the lesion, the streptococcus, which was the true causative agent, was found in the epidermis at the base of the vesicle.

If we study the anatomy of the lesion of a streptococcal



FIG. 6.—TYPICAL CASE OF IMPETIGO CONTAGIOSA, SHOWING THE "AMBER-COLOURED STUCK-ON CRUSTS."

impetigo by means of a diagram (Fig. 4), we can better understand the relative position of the streptococcus, which excites the reaction, and of the staphylococcus, which is a secondary infection. The roof of the vesicle is formed by a thin layer of epidermis, and the base by the exposed prickles of the epidermis. Towards the roof of the lesion are

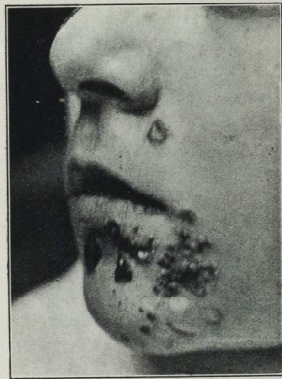


FIG. 7.—IMPETIGO CONTAGIOSA, SHOWING A LARGE VESICLE NOT YET DRIED INTO A CRUST.

colonies of staphylococci. At the base of the lesion are short chains of streptococci. The serous contents of the vesicle rapidly dry up to form a crust. This is the fundamental type of lesion of all skin eruptions due to streptococcal infection. It represents the defence of the skin against invasion by the streptococcus. The streptococcus

invades the superficial layers of the epidermis, and the vessels of the skin pour out a serous fluid, presumably containing bodies which are toxic for the streptococci.

Recently, in carrying out some researches on streptococcal skin eruptions in the Pathological Laboratory of St.



FIG. 8.—IMPETIGO CONTAGIOSA OF THE BEARD REGION, SHOWING THE STUCK-ON CRUSTS (STREPTOCOCCAL).

Bartholomew's Hospital, Dr. J. E. H. Roberts has employed a method by which he is able to demonstrate the streptococcus in cases of impetigo contagiosa without the aid of differentiating conditions of cultivation. The cultures are made from a drop of the serum which oozes from the raw

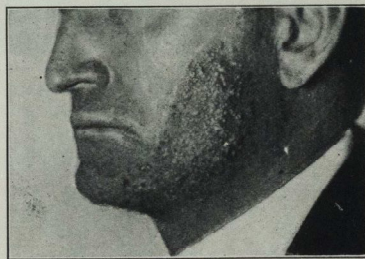


FIG. 9.—IMPETIGO OF BOCKHART (SYCOISIS), SHOWING THE FOLLICULAR PUSTULES (STAPHYLOCOCCAL).

surface of the base of the lesion after the crusts have been removed and the raw surface has been rubbed clean with alcohol. The drop of serum is put into the condensation water of the culture tube, which is then allowed to flow over the surface of the medium, and the tube is incubated for

twenty-four hours. The accompanying photograph (Fig. 5) shows a tube of culture medium which has been inoculated in this way. The streptococcus colonies are seen as smaller white spots among the larger colonies of staphylococcus; sometimes almost pure cultures of streptococcus are got in this way. On the other hand, when a culture is made directly from the vesicle or from beneath the crust without these precautions, an apparently pure staphylococcal culture is obtained.

Laboratory experiments have shown that the streptococcus found in these skin affections is the *Streptococcus pyogenes* of Fehleisen.

It is not my intention here to fully describe all the skin eruptions which are due to streptococcal infection, nor all

impetigo, and the deep-seated hair-centred pustule of the staphylococcal impetigo is very marked.

This common form of impetigo contagiosa is seen in abundance in a hospital clinic, but typical cases, like those here illustrated, are not generally met with in private practice, though less extensive eruptions, with generally flatter and smaller crusts, are of common occurrence both in children and in adults. The eruption known to school-boys as scum-pox is a form of streptococcal impetigo contagiosa. So are the raw surfaces which, often called *post-aural eczemas*, occur behind the ears in children; and very many *intertrigos* in other situations. The raw surface represents the base of the bulla, and some remains of the thin-walled blister are usually discoverable at its margin.

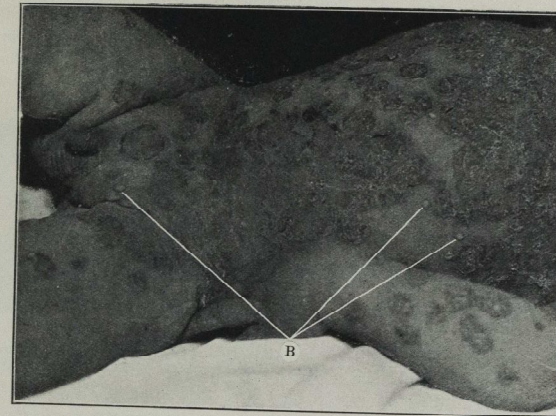


FIG. 10.—BULBOUS IMPETIGO. NOTE THE BLISTERS AT B, AND THE PHLYCTENULAR MARGINS OF THE LARGER LESIONS.

of those in which this origin is suspected, and I shall refer briefly only to such as seem to me of special importance.

*Impetigo contagiosa* of Tilbury Fox: Everyone is familiar with the common form of impetigo contagiosa, which occurs on the face in children. The accompanying photograph (Fig. 6) well illustrates the large stuck-on crusts, which are generally described as of an "amber colour." The manner of formation of these crusts is easily seen if the crust be removed with forceps. A red, weeping, excoriated patch is left, around the margin of which is a narrow, overhanging, thin fringe of epidermis. The picture is exactly that of a ruptured superficial blister, and the amber crust which was removed was formed by the dried-up serum of the blister. If careful search is made among the crusts of a recent impetigo contagiosa, it is generally possible to find an early lesion in the form of a small clear vesicle; and sometimes, as in the photograph (Fig. 7), a quite large blister is observed. The contrast between this, the primary lesion of the streptococcal

*Impetigo capitis*, which occurs in association with pediculosis capitis, is also impetigo contagiosa, and of streptococcal origin.

The eruption known as *ethyma* is a more severe type of impetigo, occurring in debilitated subjects, where the lesions have gone deeper, to form shallow ulcers, which are covered with brownish crusts. In these lesions the streptococcus may be easily obtained in culture from the diphtheroid membrane which covers the shallow ulcer after removal of the crust.

The treatment of all these eruptions is simple, and consists in frequent removal of the crusts by bathing in hot water, for twenty minutes at a time, several times a day, followed by the application of a mild antiseptic ointment or lotion to the raw surfaces. An ointment of white precipitate (gr. x to ʒj) is commonly employed. The whole secret of successful treatment is to remove the crusts so that the antiseptic may be applied directly to the seat of infection.

A mistake so often made is to apply an ointment or lotion over the crusts.

*Impetigo contagiosa of the beard region* is frequently seen in men as a result of a visit to the barbers. Familiarity with this eruption is of some importance. It is otherwise likely to be mistaken for eczema, or for "sycosis menti," and to be wrongly treated. It may then develop, by secondary infection, into the very obstinate staphylococcal follicular impetigo—the so-called "sycosis." If rightly diagnosed, and treated at first in the manner indicated above, it is readily cured in a few days. The photograph (Fig. 8) is from an example of this type of beard infection. Removal of one of the crusts here depicted would at once reveal the superficial

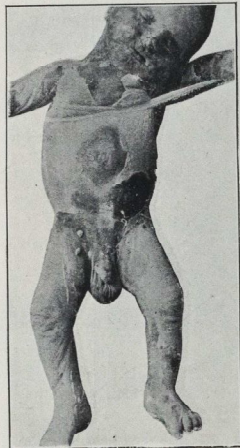


FIG. 11.—A FATAL CASE OF SO-CALLED "PEMPHIGUS NEONATORUM" (BULLOUS IMPETIGO), SHOWING LARGE RAW AREAS REPRESENTING THE BASES OF RUPTURED BULLÆ.

excoriated area characteristic of the streptococcal infection. A photograph of a staphylococcal infection (a "sycosis") (Fig. 9) is shown in contrast, and here it will be noted that the lesions are pustular, perifollicular, and limited to the hairy region.

*Bullous impetigo.*—Under certain conditions the lesions of impetigo contagiosa may enlarge rapidly into bullæ, instead of crusting as they develop. This happens especially about the hands and feet where the horny epidermis is thick, and it is very common to meet with a *phlyctenular whitlow* at the end of the finger and around the nail in ordinary cases of impetigo contagiosa. Sometimes, in hot climates, or in hot weather, more generalised forms of bullous impetigo are seen. The photograph (Fig. 10) is an example of a very extensive bullous impetigo in a child. When the photo-

graph was taken the bullæ had ruptured or dried up, but inspection of the margins of the lesions revealed their blister formation, and at the points marked B in the photograph small unbroken blisters can still be seen. This eruption cleared up in a few days under mild antiseptic applications, thus distinguishing it from true pemphigus.

*Pemphigus neonatorum.*—New-born babies may develop a rapidly spreading bullous form of impetigo should they become infected from an ordinary case of impetigo contagiosa, or from some other streptococcal skin lesion. Such cases are not very common nowadays, but formerly, before the introduction of antiseptic or aseptic midwifery, they occurred sometimes in large epidemics.

I have seen a small epidemic of this affection in the practice of a midwife who had a whitlow upon the finger; and sporadic cases in hospital practice from time to time. The disease is usually known as *pemphigus neonatorum*, but it is of great importance to recognise that it is a local infection, and neither a true pemphigus, nor a syphilitic

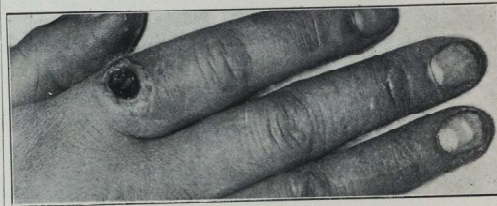


FIG. 12.—A PUNCHED-OUT ULCER FOLLOWING A BULLA OF STREPTOCOCCAL ORIGIN, ON A SKIN OF DAMAGED NUTRITION.

eruption. If recognised at an early stage and treated by baths or local antiseptics it soon clears up, but if it is allowed to spread widely the infant will most likely die. The case here illustrated (Fig. 11) is that of an infant who was brought to the hospital moribund.

*Ulcerations following streptococcal blisters.*—I have already mentioned ecthyma as an ulcerative form of impetigo. But, sometimes, deep and sharply punched-out ulcers without any crusting may form as the result of streptococcal infection. They occur on skin whose nutrition has been lowered, as, for example, in a patient who had varicose veins of the leg, and who presented several sixpenny-piece-sized punched-out ulcers, which were mistaken (as such lesions often are mistaken) for syphilitic ulcers. On watching the evolution of fresh lesions it was seen that they began as small bullæ, which rapidly developed into ulcers. From the small bullæ streptococcus was obtained in pure culture, and the lesions were rapidly cured by boric acid fomentations. A series of similar cases, one of which is here illustrated (Fig. 12), occurred in some young women who were employed in washing sausage-skins, and whose hands were sodden

and cold from being constantly in water. These patients had on the fingers half-marble-sized bullæ, which rapidly became punched-out ulcers. Streptococcal cultures were obtained from the bullæ, and the cases, which were evidently infected one from the other, rapidly got well with simple antiseptic dressings.

A very similar type of eruption, known as *vacciniform ecthyma*, is seen about the buttocks and genitals in infants. Here, on a skin which is kept constantly moist by a wet napkin, occur bullæ which become sharply punched-out ulcers—sometimes, again, confused with syphilitic lesions. From these bullæ and ulcers streptococcus cultures can be readily obtained; and the eruption is easily cured by mild antiseptics.

The eruptions here mentioned do not exhaust the list of skin affections of streptococcal origin, but they are sufficient to demonstrate the type of lesion which occurs, and the practical importance of recognising this type, and of distinguishing it from that of the staphylococcal infections.

### The Tale of the Cutter.

"But I wonder how it got there—this is really interesting!"  
So I said, as so I found it in the bottom of a jar,  
Jar of xylol, clear and lucid, there incontinently resting;  
"Oh, mysterious piece of tissue, how I wonder what you are."

Then a word there came and whispered, in a whisper thrice repeated,  
"Take it up from out the vessel, hence! and put it down the drain."  
Then another fleeting voice there came, and said before it fled:  
"Go! in paraffin embed it, cut and subsequently stain."

So I did, and so I stained it; and behold, a purple wonder!  
Through a microscope I saw it, such as never was before,  
Like some new malignant tumour, or a ghastly fetal blunder,  
Rods of Corti, cells of cancer, with a mesoblastic core.

Then I took it to the experts, men of might and understanding;  
These it baffled, and in wonder left amazed; how could they know  
What I now had just remembered—how that in the xylol standing  
I had left a cigarette end, just about a week ago?

A. R. P. S.

### Of the Museum, and Some of its Recent Additions.

By WILLIAM P. S. BRANSON, M.D., M.R.C.P.  
Late Junior Curator.

OUR museum was formally inaugurated in 1726 by the following resolution of the Governors: "Two convenient rooms being prepared under the cutting ward [at this time the surgeons were paid 6s. 8d. for each operation for stone in the bladder], one for the more decent laying the dead patients before the burial, the other a repository for anatomical or chirurgical preparations, it is ordered that . . . whatever preparation shall be given to the repository shall be numbered, and the name of the person who gave it and the history of it be entered in a book to be kept at the counting-house for that purpose, and that Mr. Freke (an assistant surgeon) do keep the key of it, who shall be accountable for the loss of any preparation; and when he shall decline it the youngest assistant surgeon shall do the same."

About a hundred years later the museum thus founded received a large accession in Abernethy's collection of specimens, "amounting in number to several thousands." Paget became curator in 1839, and brought out a catalogue of the collection in 1846. He was succeeded by Savory, who in 1862 brought out a new edition of the catalogue. This remained in use till 1881, when the preparations were transferred to the present building, a new catalogue being prepared by Mr. F. S. Eve, the then curator, and his successor, Mr. Bowlby. This 1881 edition forms the basis of the scrap book catalogues now in use, descriptions of the specimens added from year to year being pasted into their appropriate positions.

The collection now comprises some 10,000 specimens of various kinds, mainly pathological or bearing upon pathology. The task of keeping so large a number in good order is no light one, as is shown by the fact that on an average 200 specimens are remounted every year.

It has been the custom for some time past to add about 100 new specimens yearly, and it is the description and preparation of this total which form the prime pre-occupation of the junior curator. But he has other pre-occupations not to be regarded lightly by any person of sensibility, for he lives his life in the shadow of opprobrium, if not calamity. Daily there passes through his hands a succession of specimens, any one of which may possess some hidden source of merit which renders it priceless in the eyes of the sender yet is not apparent upon it. No moment is more disturbing to this much-vexed official than that which confronts him with one of the Powers-that-Be who has suddenly remembered, perhaps after the lapse of several months, that such and such a meritorious

specimen was sent to the museum, and wishes to see it. The memory of these Olympians is very tenacious, especially for distant events, and since with us the supply of material is so abundant that it cannot all be housed, even temporarily, the possibility has to be faced that the treasured object has long since reached the furnace. In such a case the quantity of tact necessary to support the occasion with success is almost immeasurable. Another charge upon the anxieties of the junior curator lies in the fact that our museum forms

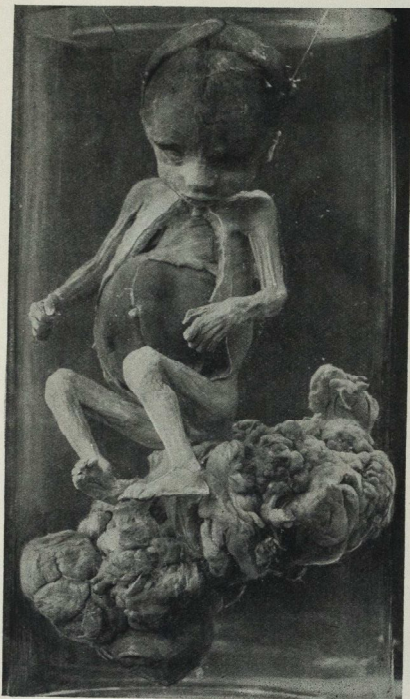


FIG. 1.—COCCYGEAL TERATOMA.

a natural focus of attraction for curiosities occurring in the practices of St. Bartholomew's men all over the world. This, of course, is as it should be; but it involves the difficulty that certain types of specimen, which are genuine rarities within the limits of individual experience, become relatively common at such a centre as the museum. In consequence there arises not very seldom the disagreeable alternative of refusing a proffered specimen—an ungracious proceeding—or of accepting it with the unhappy presentiment that the points it illustrates are already well repre-

sented. These remarks apply particularly to two groups of specimens which seem to strike the imagination of our patrons with unflinching force. The first group consists of anencephalic monsters. If the opinion of a junior curator were taken as to the frequency of these monstrous births, he would certainly be misled into a statement which would fill the yellow press with horror and leaded headlines at this new evidence of physical degeneracy. But now and then the rarer forms of monstrosity come to hand and receive

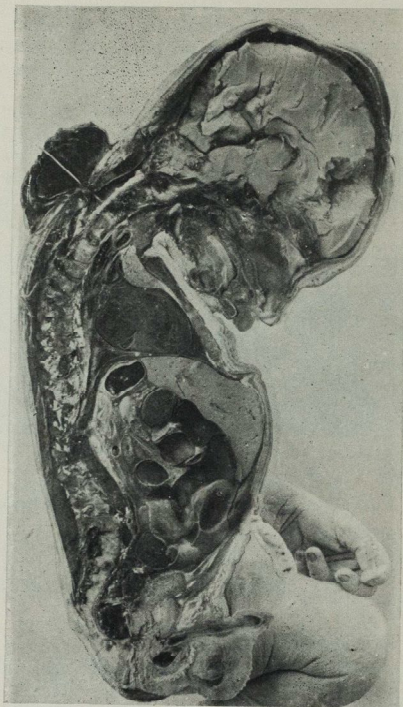


FIG. 2.—CERVICAL SYRINGO-MYELOCELE.

a cordial welcome. Such are two of the specimens whose photographs are appended: One, a fetus, exhibiting at its nether extremity a large pedunculated teratoma composed of fibrous and glandular material lacking orderly arrangement; the other, a fetus showing a syringo-myelocoele in the cervical region. It will be remembered that the common form of spinal protrusion is a meningo-myelocoele, associated with spina bifida, and occurring in the lumbo-sacral region. The second group—much smaller than the other, but surprisingly large, all things considered—is formed by

kidneys the seat of congenital cystic disease. Anyone who contemplates the many rows of these specimens on the shelves of the first gallery, and makes a liberal allowance for those which have been refused a place, will realise the disproportionate frequency of this malady within the walls of the museum.

These comments must not mislead the reader into thinking that gifts from external sources are not welcome; they are intended rather as an apology to those who have been at pains to send specimens which it has been found impossible to utilise. Even in the best represented sections there is room for specimens, common enough, perhaps, in themselves, but illustrative of some special feature. For example, a year or two ago a particular welcome was actually given to a cystic kidney, not (we need not labour the point) because it was a cystic kidney, but because the story of the man who owned it was accurately known, and the specimen exhibited the extent of renal disorganisation which was compatible with ten years of life dating from the onset of uræmic symptoms.

It is in such matters of clinical detail that the value of specimens often lies, and a particular point has been made of supplying a *précis* of the clinical history attached to the exhibits whenever this has been possible. There is no doubt that this practice has greatly enhanced the teaching value of the additions made to the collection in recent years, besides making the addenda catalogue almost sensational reading at times. For instance, some time ago we were presented with samples of intestinal sand passed by a lady of middle age who, after some years of a life crowded with surgical incident, found peace at the hands of the vaccine experts. The history of this devoted person showed that for eight years she had been passing the sand as an incident of a malady which caused her much abdominal pain. For the relief of this pain she had submitted herself to abdominal section on no fewer than six occasions, the procedures being in the order of their performance: Drainage of the gall-bladder, cholecyst-enterostomy, removal of the appendix, double nephropexy, posterior gastro-jejunostomy, and, finally, an operation for the division of adhesions. Disappointed with surgery she turned to bacterio-therapeutics and was restored to health. It should be mentioned that the above list does not include a double oöphorectomy performed during girlhood for some reason not now known.

Of the more notable specimens added during the past five or six years some are remarkable as illustrating rare diseases, some as illustrating common diseases particularly well, some again as instancing curious clinical events.

To the class of rarities belongs No. 74C, a complete skeleton of a man affected with osteitis deformans, a disease which will always have at least a sentimental interest for those of our school owing to its association with the name of Paget. Complete skeletons are not easily come by, and the collection owes much to Mr. S. R. Scott, who

rescued the specimen from an infirmary. Here, too, must be mentioned No. 72E, which shows the tendency of bones the seat of osteitis deformans towards the development of sarcoma. No. 2035C exemplifies the extraordinary reparative power of the peritoneum. It is a cæcum and appendix which had been the seat of extensive actinomycosis eight years before death. One of our surgeons had operated upon the patient at that time, and found the cæcum embedded in a mass of indurated tissue containing actinomycotic pus. The operation, combined with very large doses of iodide of potassium, led to complete and permanent recovery, the cause of death being cancer of the stomach. In spite of the stress undergone, the cæcum and appendix show no abnormality beyond atrophy of the terminal

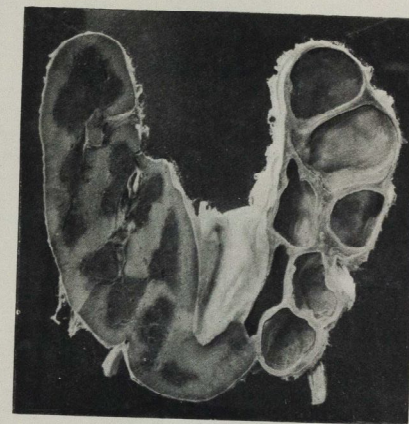


FIG. 3.—HORSE-SHOE KIDNEY. 2377.

portion of the appendix, and a solitary omental tag attached to the atrophied end.

2797J and 2800A are instances of the reputed liability of retained testes to become the seat of malignant growth. The former is a sarcoma, the latter a carcinoma, and the individuals affected were respectively thirty-five years and twenty years of age.

2377 is a horse-shoe kidney, one horn of which is the seat of hydronephrosis, the other of parenchymatous nephritis. This specimen is reproduced in the accompanying photograph.

3078A<sub>2</sub> shows the effects of pregnancy occurring in a rudimentary horn of the uterus. The anomalous horn has expanded with the growth of the fetus, and finally underwent rupture, leading to rapid death of the patient from loss of blood. The rupture took place in the sixth month of gestation. 3298A reminds one that malignant disease is

by no means the prerogative of man, as was at one time held to be the case. A Plymouth Rock cock, being apparently in the enjoyment of perfect health, suddenly sickened one day, and died in a few moments. Post-mortem examination showed that the peritoneal cavity was full of blood, derived from the spleen which had been expanded by a primary sarcoma and finally underwent rupture.

2712B and 2712C tell us that there are other victims of the Röntgen rays than those who have been applauded in



FIG. 4.—OCHRONOSIS. 3238N.

the press. The latter specimen consists of three fingers amputated on account of painful chronic dermatitis due to persistent exposure to the rays. The former is another finger from the same individual (for ten years an assistant in our own Electrical Department), which has developed an epitheliomatous ulcer as a sequel of X-ray dermatitis.

3238N (Fig. 4) is an example of ochronosis, a peculiar form of pigmentation sometimes associated with alcaptonuria, but due in this case to prolonged absorption of carbolic acid. The specimen consists of parts of ribs, with their cartilages and part of the sternum. The cartilages

are almost black, but the bony parts are unpigmented. The patient had suffered for thirty years from syphilitic ulcers on the legs, and had been in the habit of dressing them with carbolic oil. Ochronosis affects the eyeball in a curious way, for that part of the sclerotic which is perpetually being exposed through the palpebral fissure becomes pigmented, while the part that is habitually covered by the lids remains unaffected. 3238 O is an example of this.

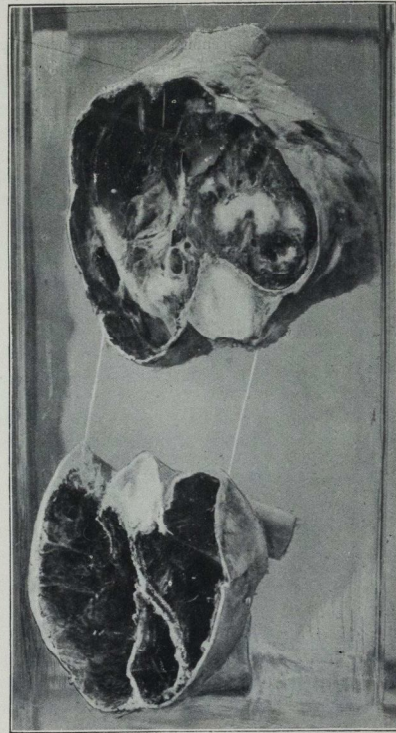


FIG. 5.—MYELOMA OF UPPER END OF TIBIA. 471B.

To the second class—specimens which illustrate common things well—belongs No. 471B, a myeloid sarcoma in the head of the tibia, included among the photographs. The upper of the two fragments shows the growth lying within the expanded head of the bone; the lower fragment is the shell of bone left after the growth has been scraped out of it. The low malignancy of this type of sarcoma is manifested by the history, for there had been a complaint of pain in the bone for four years. For twenty months

there existed a swelling, which an enterprising bone-setter diagnosed as a displaced cartilage and treated by a course of fourteen manipulations.

707B is a unique example of a common disease. It is a hand affected with tophaceous gout to a very unusual degree. The specimen has been dehydrated and cleared in bulk in order that the uratic deposits may be seen *in situ* through the epidermis. Its owner was a man who died, *æt.* 55, from chronic interstitial nephritis, having endured recurrent attacks of gout since his twenty-third year, and this in spite of his having practised total abstinence for twenty-two years.

The class of specimens illustrating singular clinical features may be headed by 1132C in conjunction with 1174D. These are respectively part of a vertebral column the seat of sarcoma, and a psoas muscle into which the growth extended directly. This conjunction not unnaturally led to a diagnosis of Pott's disease of the spine with psoas abscess, for the patient was only seventeen years of age, and a fluctuating swelling could be felt in the loin. The lumbar swelling was incised in this belief, and the real state of affairs was then manifest. 2797D is a sarcomatous testis which deluded a Fellowship class into an almost unanimous opinion that the lesion was tuberculous epididymitis, for the growth is small and confined to the lower pole of the gland. 1718B shows that it is not difficult to confound acute pneumonic phthisis with empyema in cases when the tuberculous lung undergoes rapid and extensive liquefaction. The specimen is a lung of which the lower lobe is converted into a large tuberculous abscess cavity. This cavity was drained by operation during life in the belief that the pleural sac was being emptied of an empyema.

It would be easy to extend the list of singular specimens, but this article is already too long. The writer hopes it may serve to stimulate interest in a Museum which supplies an almost endless fund of instruction to those who seek it there, and one of which all St. Bartholomew's men have good reason to be proud.

#### Books added to the Library during October.

- Johnson, Alexander Bryan, Ph.B., M.D. Surgical Diagnosis.  
 Vol. I. Wounds and their Diseases—Diseases of the Soft Parts and of the Bones—Tumours—Fractures and Dislocations—Syphilis—The X-Rays—The Head and Neck—Thorax and Breast—The Abdomen in General—The Peritoneum and Injuries of Special Abdominal Organs. Illus. Royal 8vo. Lond. 1909.  
 Vol. II. Injuries and Diseases of the Abdomen and of its Contained Viscera—The Rectum—Injuries and Diseases of the Kidney, the Bladder, the Prostate, the Urethra, Penis, Seminal Vessels, Scrotum, Testis, and Spermatic Cord. Illus. Royal 8vo. Lond. 1909.  
 Vol. III. The Spine—The Nerves—The Pelvis—The Extremities—Appendix. Illus. Royal 8vo. Lond. 1910.

The following were presented by the Authors:  
 Blair, Charles, M.D., F.R.C.S. Errors of Refraction and their Treatment: a Clinical Pocket-Book for Practitioners and Students. Second Edition. Bristol and London, 1910.

Skillew, Penn-Gaskell, Jr., M.D. Descriptive Anatomy; Development; Microscopic Anatomy; Bones. 8vo. Philadelphia, 1910.

#### A Case of Loss of Memory.

THE following case may be of interest to readers of the JOURNAL.

While on duty as House-Physician in the surgery in 19—, a patient was brought in at 5.30 p.m. complaining that she had completely lost her memory. The patient was obviously an educated girl, about twenty-three years of age. The patient, who spoke with a slight American accent, stated that about mid-day she found herself in Lincoln's Inn Fields without the slightest idea who she was; she looked in her pockets and found her name on her handkerchief, and a small piece of paper with a number written on it, together with the names of several towns in England, and on the opposite side the surname of a person, B—.

Being rather busy I asked the patient to sit down for half an hour. At the end of this time patient was getting very anxious, but was not at all desirous for me to communicate with the police. This made one think that the case was possibly not genuine.

Patient was then left for two hours, and at the end of this time she could remember that she had had an operation on her knee by a surgeon in Harley Street, and that she had been to America.

I rang up the surgeon on the telephone and he remembered the case perfectly, and was able to say to whom the name B— on the paper referred.

Thinking by this time that the case must be genuine, I decided to try a method that had been successful in somewhat similar cases before. The method, shortly, is this—first to get the patient to think of some piece of furniture in the room in which she slept. In this case I suggested the wardrobe. Having got this point in memory, the next thing to do is to make up a probable story of what the patient did. The patient then is often able to contradict it and say what did happen. In this way it is possible to advance from one point to another. In this particular case my object was to try and make the patient's memory travel from the room in which she slept to the dining-room and then out into the street, and then to the number on the door as she left the house, but in this I was unsuccessful, she could only remember the colour of the door. I will not put in all the stages which eventually led to the complete recovery of her memory, but will quote one of the "probable stories." Patient's memory had got so far as to remember that she was at one time in Birmingham.

So I said, "Then you came by train to Paddington?" She replied, "No, I came to Euston." "You then took a cab and paid him?" "No, I took a taxi, the fare was 4s. 6d." "You then told him to drive to—?" But here the memory was a blank: but patient remembered passing a big hospital supported by voluntary contributions, after

passing "Jay's" and a park. This was obviously St. George's.

In this way it took two and a half hours' solid conversation of the above description to get the patient's memory back to the address she was staying at, and the name of her relations who owned the house.

Most people who read the above case will possibly be inclined to think that it was not genuine. I can only say that all the nurses and people who saw the case believed it genuine; and in my own mind there is not a shadow of doubt, as I have seen the patient once or twice since, and am indebted to her for permission to publish the case.

M. D.

### Obituary.

#### WALTER DUNCAN THOMAS.

**A**USTRALIAN papers just received give accounts of the sudden death of Dr. Walter Duncan Thomas, of Bundaberg, Queensland, and formerly of Llanelly, South Wales.

Apparently in his usual health on August 23rd, at 11 p. m., he was found by his wife sitting in his chair, dead, at 7 a. m. on the 24th. He was in his fifty-fourth year.

Dr. Walter Thomas was well known as a young man at Llanelly, his native place, where his father, and subsequently his oldest brother, carried on for fifty years the leading practice. Educated at Epsom College, where he became a prefect, and was awarded by his school-fellows the Hodgkin and Wakley popularity prize, he matriculated at the London University, and subsequently became a medical student at St. Bartholomew's Hospital, London. There he took the M.R.C.S. Eng. in 1879, and in 1881 the degree of M.B. at the London University.

When a boy at school he had a very severe attack of acute rheumatism, which affected his heart. The knowledge of this influenced him in deciding to settle in a warm climate. After making several voyages as surgeon to the P. & O. S. N. Co., Dr. Thomas started practice in partnership with Dr. May, an old Bart.'s man, at Bundaberg, in 1884. He was very successful in practice, and was greatly beloved by all who knew him.

In 1885 he married a daughter of the late Mr. Robert Little, of Brisbane, one of the leading solicitors of Queensland. Two of his three sons survive him.

The Bundaberg *Daily News*, writing of Dr. Walter Thomas, says: "Possessed of a nature essentially retiring, yet so generously stamped with those virtues which make for true nobility, the kindest of feeling entwined itself around his fine personality. The last of men to seek for popularity, his nature was none the less so essentially

honourable, so emphatically generous, so uniformly courteous and considerate for all around and about him, that a sense of high personal esteem and deep regard represented the only human channel of thought that could adequately convey the sentiment of his friends and acquaintances towards him. The soul of honour himself, he knew no other standard of measurement for those with whom in friendly, social, or professional life he came in contact. Small wonder therefore that the news of the death of a citizen so widely and so genuinely esteemed should come as a shock to the community, and the news was rendered additionally distressing because of the suddenness with which it was flashed upon the people."

The *Bundaberg Mail* says: "In his death there are very many who will feel a keen sense of personal loss, for he was one of whom it can truthfully be said that he made numerous friends and not a single enemy during the whole time of his long stay in Bundaberg. His quiet unassuming manner and generous disposition won for him a very high place in the esteem of the whole community. As a medical man, a citizen, and a sportsman, no one was more respected than he."

### The Clubs.

#### SPORTS NOTES.

The Winter Session has commenced very successfully as far as the three main clubs are concerned. One hears of new Freshmen of exceptional merit in all the teams, most of the matches are being won, and there is a general feeling of satisfaction amongst the various officials. It looks as if the chief trouble would be in having to drop really first-class men into second XV's, as the laws of the games only allow a limited number of men to play in any one match. It must be remembered that vacancies are constantly occurring in the first teams, and the best men are always promoted; also it is rumoured that it is, if anything, more enjoyable playing in a second team than a first; at any rate, it is admitted on all sides that there never was such a collection as the far-famed 2nd Cricket XI, and we believe that other 2nd XI's are great social successes. We hear great things of all the junior teams, especially the 2nd Rugger, who defeated Roslyn Park "A" last week.

The results of all matches up to date will be published in the December *JOURNAL*.

We have been very lucky in the choice of secretaries for the present season, so do not propose to say any more but commend to notice their reports subjoined.

#### RUGBY FOOTBALL CLUB.

Last season's record was an exceedingly successful one, and we have every reason to expect the current season will be as good, if not better.

It is true that we have lost half-a-dozen of last year's team, Coombs and Oulton, two of the most brilliant backs we have had in recent years, and Lynn, Adams, Binney, and von Braun of the forwards have to be replaced. But we have new men in Bower, Parry, and Williams (backs), Fiddian and Gardner (forwards), who should very efficiently fill their places. Bilderbeck is also back at the Hospital, and should be a greatly improved player. Neal should improve rapidly, as he has every physical advantage necessary, weight, speed, and dash, but his defence is weak, and he has a tendency to run back instead of forward.

Of the two matches played so far one has been won and one drawn. The 2nd XV have started in great style, and one hears very good reports of Cleveland.

#### ST. BART'S v. LONDON IRISH.

Under very favourable conditions this match was played at Catford on October 15th. The Hospital side was somewhat of an experimental one, and the London Irish were not quite up to strength. The London Irish won the toss and had the advantage of the slope, but the Bart.'s forwards started off very keenly and kept the Irish in their own 25, they having to touch down four times. After this the Irish got going, and Dive had hard work to keep out the rush; he, however, saved splendidly, and found touch well up the field. The play was scrambling after this; Richards had two chances, but held on too long. Bower picked up smartly, but was tackled by Barrett just in time. After the interval both sides warmed up, the Bart.'s forwards playing up very well, but owing to Loughlin's good defence we were unable to score. The ball was taken well down by Beyers and Richards, but again good opportunities were lost by the ball being held too long. At this point the Irish had the misfortune to lose Evanson, his ankle being hurt. There was now very little time to go; in the last minute Richards got possession of the ball and took it to within a few yards of the goal-line. Bower was in attendance with nobody near him; Richards, however, tried to drop a goal, but with no luck. The whistle went directly afterwards and so ended a pointless game, in which Bart.'s had had the best of it, but had failed to take their opportunities. Mudge was the most conspicuous among the forwards, and Williams proved himself a very useful stand-off half.

London Irish.—M. Loughlin (back); J. Barrett, E. A. Evanson, E. L. Anderson, and W. H. S. Horan (three-quarters); W. G. Anderson and K. A. Horan (halves); J. O'C. Dodd (capt.), H. Brydon, C. R. McGowan, M. Kinnane, M. Wallace, S. H. O'Keefe, T. H. O'Brien, and J. C. Hallivan (forwards).

St. Bart.'s Hospital.—H. R. Dive (back); C. F. Beyers, G. W. Parry, E. D. Richards, and H. J. Bower (three-quarters); F. H. Robbins and R. H. Williams (halves); A. E. Evans (capt.), A. Ferguson, R. J. Brewitt, F. Mudge, J. V. Fiddian, J. M. M. Marshall, R. Waddington, and R. E. S. Gardner (forwards).

Referee: Mr. G. Morgan.

#### ASSOCIATION FOOTBALL CLUB.

Like last year, our prospects for this season are very rosy indeed, for not only have we practically all last year's team available, but we have two recruits who should prove to be more than useful.

T. S. Souter, of Durham University, played a very good game at right half against the Emeriti, and should prove thoroughly capable of maintaining the strength of our defence.

E. D. Jameson, of Pembroke College, Cambridge, also played well against Emeriti at inside right, and his shooting in both matches we have played has been such as to suggest that a scarcity of goals should never lose a match for us.

After an absence of a year, owing to injury, W. P. Wipple has returned to the forward line, and has filled a position—outside right—which was the source of considerable trouble last year. We hear that there is some doubt as to his turning out regularly; we sincerely hope that this is not the case.

We have a specially attractive fixture list, and we hope that men will do their utmost to turn out regularly.

We have played and won three matches so far.

The 2nd XI look like being very strong this year, and have won both matches they have played.

#### ST. BART'S v. R.M.A., WOOLWICH.

Played at Woolwich on Saturday, October 15th. A very keen and enjoyable game, resulting in a win for us by 3 goals to 1.

We were not quite at full strength, and the combination forward was not so good as in the previous match; perhaps this was in some measure due to the smallness of the ground. In view of our A.F.A. Cup-Tie next Saturday we sincerely hope so. The Hospital had just the better of the game throughout the first half, and crossed over leading by 2 goals to nil.

In the second half the game was very even, and each side pressed in turn. However, each side scored once, R.M.A. from a corner, and the Hospital from a good shot by Jameson.

W. F. Thompson (goal); H. Rimington, N. F. Norman (backs); P. A. With, J. W. Stretton, C. R. Taylor (halves); F. P. Gordon, E. D. Jameson, A. J. Waugh, R. M. Barrow (capt.), W. C. Dale (forwards).

#### ST. BART'S v. EMERITI.

Played at Winchmore Hill on Wednesday, October 12th, and resulted in an easy win for the Hospital by 8 goals to 2.

In spite of some very heavy rain the ground was in very good condition, and although the ball was somewhat wet, the play was well up to average. From the start the Hospital assumed the upper hand, and the whole team, playing well together, had registered 5 goals by half-time.

In the second half the Emeriti played more together, and managed to score twice in reply to our thrice. Goals were scored by Waugh (3), Jameson (2), With (2), Dale (1).

W. F. Thompson (goal); N. F. Norman, J. Stretton (backs); J. S. Soutter, G. E. Dyas, C. R. Taylor (halves); W. P. Wipple, E. D. Jameson, A. J. Waugh, P. A. With, W. C. Dale (forwards).

#### HOCKEY CLUB.

The outlook for the Hockey Club is brighter than it has been for some time. We have "fresh blood" in E. Brash, W. Spackman, C. Weller, C. Atkin, T. Steedman, all very useful, and—what is as important—all very keen. C. Atkin, our International, is unable to play for us on Saturdays at present, but we hope to have him after Christmas.

The new ground at Winchmore is excellent and very much appreciated, and we started off by winning our first match on it.

#### BART'S v. ST. ALBAN'S.

Played at Winchmore Hill October 15th, and resulted in a win for us 6-3. Playing down hill we scored the first goal in the first half-minute. Our forwards were much too fast for St. Alban's. E. Brash and W. Spackman are a valuable addition to the forward line. We are strengthened by having a goal-keeper in P. Mawer. Goals, two each, by Hughes, Brash, and Spackman. Team: P. Mawer (goal); T. Steedman, S. Davies (backs); C. Weller, J. Turner, J. Nicholson (halves); R. Vivian, J. Hepper, W. Spackman, E. Brash, W. Hughes (forwards).

#### BART'S v. ALDERSHOT COMMAND.

Playing in the rain at Aldershot we were defeated 2-3 after a good game. We were without W. Spackman and E. Brash. Weller at half did a lot of work. During the last ten minutes we were pressing hard, and were unlucky not to score. Goals by R. Vivian and S. Davies. Team:

P. Mawer (goal); T. Steedman, C. Atkin (backs); P. Weller, J. Turner, J. Nicholson (halves); R. Vivian, J. Hepper, W. Hughes, R. Davies, J. Noble (forwards).

## Reviews.

THE DISEASES OF INFANTS AND CHILDREN. By EDMUND CAUTLEY, M.D. Cantab., F.R.C.P. Lond., Senior Physician to the Belgrave Hospital for Children, etc. (London: Shaw and Sons, 1910.) Pp. 1042.

We have no hesitation in stating that Dr. Cautley has produced a remarkable work, and one which we should advise every medical man to place upon, or rather often remove from, his shelves.

At first sight the size is alarming, but one has only to choose at random any disease, however common or rare, to find a description in its pages of the same included, which, without being unnecessarily prolix, will still compare favourably with the reference book of any Teutonic author.

Every text-book to be of any service to a physician must fulfil certain conditions which cannot be better enunciated than they are by Dr. Cautley in his preface, wherein he states that "a knowledge of diseases must be extensive enough to enable the practitioner to clearly understand the nature of the illness, to appreciate the best lines of treatment, and to recognise the conditions for which the aid of a surgeon should be invoked." With all these conditions the author has faithfully complied.

Dr. Cautley is one of those, alas! too infrequent individuals who does not allow his common sense to be swamped or distorted by his technical knowledge.

He has written the book with no idea of propounding views which are only held by a certain section of physicians, but in a fair and impartial spirit he lays the various methods of treatment before the reader, with only a guiding suggestion as to which he leans to himself.

The book is obviously the result of such infinite care and precision that it would be well-nigh impossible to find any inaccuracies either in the matter of his book or in his manner of presenting it.

But if, as is likely, the book is going to be translated into foreign languages, the use of such colloquialisms as "grey powder," "white precipitate ointment," etc., though sanctioned in England by imprecipitate usage, are likely to prove a stumbling-block to the translator.

Some sentences of his on treatment savour rather of the druggist's catalogue than of a text-book on medicine, and it certainly distresses the reader to traverse sometimes as many as six lines full of abbreviated names of drugs. For the same reasons prescriptions are so much more easily grasped and remembered if they are put down as they appear in pharmacopœias.

Apart from this, it forms such delightfully easy reading that we were astounded to find that when we had finished one article we had really accomplished more than if we had consulted several works on the same subject.

To the weary practitioner who has no time to keep *au fait* with the latest scientific developments this book will prove of inestimable value, for in it we find the most modern and recent work in pathology.

While quite agreeing with the author's dogmatic statement as to kindergarten teaching of medicine by pictures, diagrams, and models, we might remind him that the overworked general practitioner may gain more information from the thirty seconds' study of a diagram or chart than the lengthened perusal of several pages of legend.

But it is for the treatment sections that we wish especially to recommend this work. No ailment is too trifling or complex for the author to give in full detail the alternative methods of treatment which can be tried. One of the best articles is unquestionably that on the feeding of children, but this was only to be expected, for Dr. Cautley has long been a recognised authority on this most important branch of medicine.

No review of this book would be complete without a reference to the excellent manner in which the subject-matter has been arranged. A perusal of one chapter will give you a complete knowledge of the subject under discussion, whilst if the emergency for guidance on a particular case should suddenly arise, the requisite knowledge is gained in a moment without the need of wading through pages of the content.

It behoves every medical man to be able to treat children well, for by that means he gains the confidence of mothers, and so will have the whole family as patients, and we can recommend no book so likely to help him in this endeavour as the above.

In short, this work reminds us of the encyclopædic Frenchman, of whom it was said, "His speciality was knowledge, but his foible was omniscience."

ELEMENTS OF PHARMACY, MATERIA MEDICA AND THERAPEUTICS. By Sir WILLIAM WHITLA, M.A., M.D., LL.D. (Baillière, Tindall & Cox.) Ninth edition, 10s. 6d. Pp. 670 + xi.

This excellent contribution to the subjects treated has a wide reputation wherever the English language is in use, embodying as it does a mine of information admirably arranged and enhanced by the personal note which only an exhaustive clinical experience can supply. A new edition is always welcome, and this, which makes the ninth, excels its predecessors. Much of it has been re-written, and all that is revised and brought up to date. It is especially noteworthy for the section on "Non-Official Remedies," which is practically all new matter, occupying over 120 pages of small type and giving descriptions of several hundred preparations. In this section, as throughout the book, the alphabetical order has been observed, thereby enhancing the value of the work for purposes of reference; moreover the numerous synonyms by which many of these new drugs are known will be found in their place or in the index at the end. It should be added that an account of the sera and vaccines has not been neglected. Throughout the volume the descriptions are terse and accurate. The high standard attained by this edition makes it indispensable alike to practitioners and pharmacists.

ERRORS OF REFRACTION AND THEIR TREATMENT: A CLINICAL POCKET-BOOK FOR PRACTITIONERS AND STUDENTS. By CHARLES BLAIR, M.D., F.R.C.S., Surgeon to the Western Ophthalmic Hospital. (John Wright & Sons, Ltd.) Pp. 106. 2s. 6d. net.

This small volume now appears in its second edition—an indication that it is serving its purpose. Though necessarily dogmatic on account of the limited space to which the author restricts himself, the treatment of the subject is with few exceptions clear and precise. There is a useful chapter on spectacles. The book will be of value to practitioners who have allowed refraction work to pass out of their hands, and are anxious to avoid the hope expressed in the preface—students should realise that the same who are not able to give much time "that this may be of use to some who are not able to give much time to this relatively uninteresting subject"—must not be taken to mean that the use of this or any other book can diminish the time which must be spent, if accurate results are to be obtained, in familiarising themselves with the various clinical methods employed in correcting errors of refraction.

THE EAR AND ITS DISEASES. By ALBERT A. GRAY, M.D., Fellow of the Royal Society of Edinburgh, Surgeon for Diseases of the Ear, Victoria Infirmary, Glasgow. (London: Baillière, Tindall & Cox.) Pp. 390. With stereoscope and 123 illustrations, of which 37 are stereoscopic. 10s. 6d. net.

Dr. Gray's book is a particularly satisfactory one from the simple manner in which he treats his subject. The numerous difficulties of otology are explained very lucidly in the volume under notice. Even the necessary chapters on acoustics, anatomy and physiology are readily intelligible. The later chapters on diseases of the ear give a well-justified description of modern views, while alternative opinions well-justified consideration. It would be impossible that we should differ from the author on minor points of technique, but with his general methods we are in complete agreement.

The illustrations form a feature which deserves special mention. Stereoscopic photographs have been introduced for most of the important regions of the middle and internal ear, and these, with the help of a convenient little stereoscope which is embodied in the cover, give the clearest and most accurate pictures of the part which we have yet met with. A few of these photographs fall short of the usual high standard, but the great majority are really excellent.

SYPHILIS—ITS DIAGNOSIS AND TREATMENT. By F. J. LAMBEKIN, Col. R.A.M.C. (London: Baillière, Tindall & Cox.) 5s. net.

The scope of this small work on syphilis is admirably defined by its title, as, with the exception of two introductory chapters dealing with history and pathology, its pages are devoted to a brief and clear account of the phases and sequelæ of the disease, and the various forms of treatment with which its ravages may be checked. The author has had an unrivalled experience in treating syphilis under the most favourable conditions, such as the Army affords, and his book is full of practical points which cannot fail to be of interest, both to students and the general practitioner. The statement made under the heading of "Treatment of Tabes" (p. 103) that "anti-syphilitic remedies are all important" does not agree with the

experience of many other observers, but none of the many alternative methods have proved generally effective, and we are still far from a satisfactory solution of the problem.

There is a short preface by Sir Frederic Treves, Bart.

TREATISES OF FISTULA IN ANO, HÆMORRHOIDS, AND CLYSTERS.

By JOHN ARDERNE. Edited, with Introductory Notes, etc., by D'ARCY POWER, F.R.C.S. (Published for Early English Text Society, Henry Frowde, Oxford University Press) 15s. net.

In these modern days of hurry and stress we are apt to under-rate the records which the great physicians and surgeons of the past have handed down to us of their experience and methods, and this is more especially the case with those who work in hospitals surrounded by every aid to diagnosis which science and mechanical ingenuity can devise, and fail to realise the keen observation and careful reasoning which were necessary for accurate diagnosis and treatment at a time when no such assistance was available.

Mr. D'Arcy Power, in the preface to these three short treatises, introduces us to their author, John Arderne, one of our earliest English surgeons, and from details of his writings and those of contemporaries he has drawn us a graphic picture of the conditions under which professional work was carried on during the fourteenth and fifteenth centuries.

We see the surgeon attending patients clad in his robes and attended by assistants, carefully avoiding dangerous and uncertain cases, a necessary precaution in those lawless times, and often experiencing the greatest difficulty in collecting his well-earned fees.

The operations for fistula *in ano* which Arderne describes do not differ essentially from those still in use, the modern rules of asepsis being obviously impracticable in the surgery of this region, and his method of treating the healthy wounds with dry dressings rather than ointments has not even yet penetrated our remote rural districts.

The Old English Text Society, founded by the late Dr. Furnivall, has earned the gratitude of all who value the literature of our country, and the readers of the treatises of John Arderne are especially indebted to Mr. D'Arcy Power for the careful research, a labour of love as he tells us, which has resulted in the production of this edition.

## Royal Naval Medical Service.

The following appointments have been notified since September 20th, 1910:  
Staff-Surgeon H. C. Adams to "Prometheus," on re-commissioning, on the Australian Station, October, 1910.  
Staff-Surgeon A. R. II. Skey to "Inflexible," to date October 22th, 1910.

## Royal Army Medical Corps.

Captains C. W. Malprize and A. L. Scott to be Majors, dated July 27th, 1910.  
Lieutenants R. D. O'Connor and J. H. Gurley to be Captains, dated July 28th, 1910.  
Majors H. E. Winter and A. E. Smithson, having completed twenty years' service, have been granted the higher rate of pay of their rank.

The result of the recent Senior Course at the Royal Army Medical College as far as Bart.'s men are concerned is as follows:

Captain R. M. Ranking is eligible for six months' acceleration of promotion and obtained a special qualification in operative surgery.  
Captain A. H. Hayes, three months' acceleration and special qualification in bacteriology.  
Captain F. A. H. Clarke, three months' acceleration and special qualification in state medicine.

Captain R. Storrs, three months' acceleration and special qualification in midwifery and diseases of women.  
Captains R. L. V. Foster, M. F. Grant, and R. C. Wilmot will attend the next senior course (nine months) at the Royal Army Medical College beginning on November 1st.

Captain A. H. Hayes has obtained the Diploma in Public Health of the English Colleges.

Captain R. M. Ranking has been appointed specialist in operative surgery at Cork.

Captain R. Storrs has been appointed to the charge of the Military Families Hospital, Portsmouth.

Major E. M. Hassard has been appointed to the charge of the station hospital, Lahore Cantonment.

Major E. M. Williams has been appointed specialist in midwifery and diseases of women for the Lucknow Division.

Captain A. H. Hayes is posted to Dover and Captain F. A. H. Clarke to Edinburgh.

Lieutenant C. Clarke, F.R.C.S., and H. Gall have passed for promotion to the rank of captain.

The former has embarked for Malta and the latter for India (Lahore Division).

Colonel H. B. Mathias, D.S.O., P.M.O. Egyptian Army, is home on leave.

Lieut. Col. T. H. F. Clarkson having notified his intention to retire, his name is removed from the roster for foreign service.

An examination of candidates for not less than fifteen Commissions in the Royal Army Medical Corps will be held on January 25th, 1911, and following days. Applications to compete should be made to the Secretary, War Office, London, S.W., not later than January 16th next, on which date the list will be closed. The presence of candidates will be required in London from January 23rd, 1911.

## Indian Medical Service.

Extract from *Government India Gazette*, March 29th, 1910:  
The Viceroy and Governor-General has been pleased to make the following appointment on His Excellency's Personal Staff:  
To be Honorary Surgeon: Lt. Col. S. Westcott, C.M.G., R.A.M.C.

## Appointments.

DOBSON, J. R. B., M.R.C.S., L.R.C.P., B.Sc., B.S. Lond., House Physician, South Devon and East Cornwall Hospital, Plymouth.

GRANGE, C. D'O., M.R.C.S., L.R.C.P., Demonstrator of Anatomy, University of Leeds.

HENDLEY, Lt.-Col. H., I.M.S., M.D. Durh., D.P.H. Camb., Civil Surgeon, Lahore.

RISK, Lt.-Col. E. J. E., R.A.M.C., M.R.C.S., L.R.C.P., Administrative M.O., Victoria Barracks, Belfast.

SMITH, H. G., M.R.C.S., L.R.C.P., House Surgeon, Westminster Hospital, S.W.

TRINDER, A. P., appointed Medical Officer and Vaccinator, Bodmin Union, and Certifying Factory Surgeon.



## New Addresses.

ASH, B. N., "Oakroyd," Silverdale Road, Burgess Hill, Sussex.  
 BEAUMONT, N. C., Stannary House, Strainland, nr. Halifax.  
 BINNEY, C. N., The Radcliffe Infirmary, Oxford.  
 BREWER, A. H., Urtica Villa, Knaphill, Surrey.  
 BRIGSTOCKE, P. W., C.M.S. Hospital, Gaza, Palestine.  
 CAZALY, W. H., Capt. I.M.S., 125th Rifles, Bangalore.  
 CLINDINING, Dr., c/o Chartered Bank of India, Australia and China, Bishopsgate Street, E.C.  
 DOBSON, J. R. B., South Devon and East Cornwall Hospital, Plymouth.  
 DODD, J. R., Col. A.M.S., Victoria Barracks, Cork.  
 DOWNER, R. L. E., "Newlands," Mount Hermon, Woking.  
 EDWARDS, F. SWINFORD, 68, Grosvenor Street, Mayfair, W.  
 FORREST, J. R., Lt.-Col. R.A.M.C., Buttevant, Co. Cork.  
 GRANGE, C. D'O., 3, Clarence Drive, Harrogate.  
 GREGORY, C. H., 1 Brunswick Square, Exmouth.  
 HAYES, A. H., Capt. R.A.M.C., 9, De Vere Gardens, Dover.  
 HENDLEY, H., Lt.-Col. I.M.S., Lahore, Punjab.  
 HOOD, T., "Airdale," Friern Barnet Lane, Whetstone, N.  
 MERCER, W. B., "Ryburn," Southbourne-on-Sea, Christchurch, Hants.  
 NICHOLAS, C. F., 67, West Cromwell Road, S.W.  
 RISK, E. J. E., Lt.-Col. R.A.M.C., Administrative M.O., Victoria Barracks, Belfast.  
 SALE, J. C., c/o Dalgety and Co., Rockhampton, Queensland, Australia.  
 SCHOLBERG, Dr. P. H., Chanaral, Chili.  
 SHARPIN, E. C., Castle Close, Bedford.  
 TRINDER, A. P., Riverside House, Wadebridge, Cornwall.  
 WALTON, H. J., Maj. I.M.S., c/o Messrs. King, King and Co., Post Box No. 110, Bombay.  
 WINTER, H. E., Maj., R.A.M.C., Military Hospital, Gravesend.  
 WOODBRIDGE, E., The Ingle, 271, Acton Vale, W.

## Births.

BRANLES.—On July 30th, at 61, London Road, Forest Hill, S.E., the wife of Hugh S. Beadles, M.R.C.S., L.R.C.P., of a daughter.  
 EWEN.—On October 15th, to Dr. and Mrs. Gerald S. Ewen, of 1, Richmond Bridge Mansions, Twickenham, a son.  
 FALK.—On September 23rd, at Dunedin, Chichester Road, Croydon, the wife of Captain H. Falk, I.M.S., of a son.  
 FELL.—On October 17th, at Flan How, Ulverston, the wife of Captain M. H. G. Fell, R.A.M.C., of a daughter.  
 POWELL.—On October 16th, at Dunchurch, Rugby, the wife of Herbert E. Powell, of a son.  
 VIRET.—On October 9th, at Fernleigh, Horton Lane, Bradford, the wife of B. P. Viret, M.B.Lond., M.R.C.S., L.R.C.P., of a son.  
 WINDER.—On September 22nd, at 14, Marine Parade, Dover, to Captain and Mrs. M. G. Winder, R.A.M.C., a son.

## Marriages.

FAVELL—COHAN.—On October 12th, at Christ Church, Sefton Park, Liverpool, by the Vicar (the Rev. Canon Irving), Richard Vernon Favell, M.R.C.S., elder son of Richard and Mrs. Favell, Brunswick House, Sheffield, to Alice Molyneux Cohan, youngest daughter of Edward A. and Mrs. Cohan, Wynnstay, Sefton Park, Liverpool.  
 JONES—TENNANT.—On October 18th, at the Parish Church, Llangammarch Wells, by the Rev. E. Davies, B.A., Vicar of Aberavon, assisted by the Rev. J. Evans, M.A., Rector, William Black Jones, M.D., B.S., J.P., to Gwladys Gwenllian, youngest daughter of Marmaduke Tennant, Esq., J.P., of Aberavon and Llangammarch Wells.

WILLIAMS—HENSHAW.—On October 24th, at the Church of St. Michael and All Angels, Bedford Park, by the Rev. Dr. Shields, Vicar of St. Matthew's, West Kensington, assisted by the Rev. J. Carmel Robinson, Vicar of St. Michael's, Bedford Park, Cyril O. O. Williams, M.R.C.S., L.R.C.P., son of Dr. W. A. Williams, of London Road, Mitcham, to Gertrude Mabel W. Henshaw, youngest daughter of William A. Henshaw, of Esmond Road, Bedford Park.

## Deaths.

HEWER.—On October 17th, at 17, Crossfield Road, Hampstead, Alfred Earnshaw Hewer, M.B.Camb., of Blackall, Queensland, aged 49, Brother of the "Meteor" Masonic Lodge, Longreach, fourth son of the late John Henry Hewer, M.R.C.S., of Highbury New Park. Australian papers, please copy.  
 MACAN.—On October 16th, at Cheam, Surrey, Jameson John Macan, M.A., M.D., formerly of Rockhampton, Queensland, second son of the late John Macan, Judge in the Court of Bankruptcy, Ireland, aged 65. Cremated at Golder's Green. No flowers, by request.  
 THOMAS.—On August 24th, at Bundaberg, Queensland, W. D. Thomas, M.B.Lond.

## Acknowledgments.

*The British Journal of Nursing* (5), *The Nursing Times* (5), *The Medical Review* (2), *The Guy's Hospital Gazette* (2), *The Journal of Laryngology, Rhinology, and Otolaryngology*, *The University College Hospital Magazine*, *E. Merck's Annual Report*, *School Hygiene*, *The Cleveland Medical Journal*, *The St. Thomas's Hospital Gazette*, *The Student* (2), *The Child*, *The Hospital*, *Some Hints on the Use of the Sliding Microtome*, *Le Mois Médical*, *L'Echo Médical du Nord* (3), *Giornale della Reale Società Italiana di Igiene*, *National Health*, *Vicious Circles associated with Disorders of the Urinary Organs*.

## NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.  
 All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.  
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## St. Bartholomew's Hospital



## JOURNAL.

VOL. XVIII.—No. 3.]

DECEMBER, 1910.

[PRICE SIXPENCE.]

## St. Bartholomew's Hospital Journal,

DECEMBER 1st, 1910.

"Æquam memento rebus in arduis  
Servare mentem."—Horace, Book ii, Ode iii.

## Calendar.

Thurs., Dec. 1.	—Annual Hospital Dance, Wharnclyffe Rooms.
Fri., " 2.	—Dr. Norman Moore and Mr. Bruce Clarke on duty. Clinical Lecture. 12.45 p.m. Dr. Herringham.
Mon., " 5.	—Special Lecture. 1 p.m. Mr. Harmer. Exams. for M.D. and M.S.(Lond.) begin.
Tues., " 6.	—Dr. West and Mr. Bowly on duty.
Wed., " 7.	—Clinical Lecture. 1.45 p.m. Mr. Waring.
Thurs., " 8.	—1st and 2nd Exams. for M.B.(Oxon.) begin. Abernethian Society, Clinical Evening.
Fri., " 9.	—Dr. Ormerod and Mr. Lockwood on duty. Clinical Lecture. 12.45 p.m. Dr. Tooth.
Mon., " 12.	—Special Lecture. 1 p.m. Dr. Lewis Jones. 1st Exam. for med. degrees (London) begins. 1st, 2nd, and Part I of 3rd Exams. for M.B.(Cantab.) begin.
Tues., " 13.	—Dr. Herringham and Mr. D'Arcy Power on duty. Part II of 3rd M.B.(Camb.) begins.
Fri., " 16.	—Dr. Tooth and Mr. Waring on duty.
Sat., " 17.	—Oxford Michaelmas Term ends.
Mon., " 19.	—Special Lecture. 1 p.m. Dr. Fletcher. Cambridge Michaelmas Term ends.
Tues., " 20.	—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Wed., " 21.	—Winter Session divides.
Fri., " 23.	—Dr. West and Mr. Bowly on duty.
Sun., " 25.	—Christmas Day.
Tues., " 27.	—Dr. Ormerod and Mr. Lockwood on duty.
Fri., " 30.	—Dr. Herringham and Mr. D'Arcy Power on duty.

## Editorial Notes.

WITHIN a few days of the appearance of this number of the JOURNAL the 1910 *St. Bartholomew's Hospital Year-Book* will be published and posted to all old St. Bartholomew's men. We believe that the number of alterations necessary has been much above anticipations. Recently the publication committees of the JOURNAL and the *Year-Book* have been much exercised as to the best way of preventing old Bart.'s men from allowing their subscriptions to the JOURNAL to lapse through lack of sufficient energy to obtain and dispatch the requisite postal order each year; the result of their labours will probably be in the form of a leaf enclosed with the *Year-Book*, which should, we think, produce wonderful results in the way of augmented subscribers' lists.

We publish in another column the account of the Old Students' Dinner, held over from last month owing to lack of space.

Another most successful annual gathering was the Cambridge Graduates' Dinner, which took place on Monday, November 21st. We understand that the enthusiasm of the audience was much appreciated by the after-dinner speakers, and we are delighted to hear the musical programme showed that we have a considerable store of ability to draw from for the various Christmas entertainments.

WHILE speaking of music, it occurs to us that notices recently posted have drawn to mind that our once very useful Musical Society has been fading from lack of attention. Perhaps the Society's officials did not make use of the opportunity afforded by the recent Freshmen's meeting to

gather in new blood? However, we hope that the appeals issued by the Secretary will result in a greatly increased membership.

ESPECIALLY do we now ask all those whose hobby is the making of music or the singing of songs to no longer remain in the background, for it is during the next month or so that their help will be most required. The quality of the Christmas gaieties in the Hospital depends very largely upon the different troupes of pierrots, etc., organised by the students, which wander from ward to ward on Christmas day. On that account all who are not compelled to be far from town on December 24th or 26th should see that they help to relieve the sisters and nurses of some of the responsibility of ward entertaining. We mention two dates as we have yet no authoritative information as to whether Saturday or Monday is to be the chosen day. We trust that divided opinions may not result in some wards choosing one day and some another; such a thing would be absurd. We ourselves are rather in favour of Saturday for the festival, with Monday as a recovery day.

The Students' Union dance takes place at the Wharcliffe rooms on December 1st. It has been arranged very much as in former years; it always was a most enjoyable affair and there is no need to try improvements. If we could be sure of always enjoying it as at present we would become very old Bart.'s men before our dancing days were over. Most of the tickets have already been sold.

We congratulate Mr. Arthur Everett Shipley, F.R.S., on his election to succeed the late Dr. Peile as Master of Christ's College, Cambridge. He was educated at University College School, and afterwards entered St. Bartholomew's, where he studied for awhile. Subsequently he went to Christ's College, Cambridge. He is an authority on all matters zoological. It is interesting to note that two Cambridge Colleges, Christ's and Downing, have old St. Bartholomew's men as Masters.

We congratulate the following on having obtained the Diploma of Fellowship of the Royal College of Surgeons of England: Messrs. W. B. Ainger, H. Blakeway, T. G. Fenton, G. Fenwick, H. D. Gillies, E. E. Maples, and P. J. Verrall.

There were 67 candidates, of whom 26 passed, 38 per cent. Eleven candidates entered from St. Bartholomew's and 7 were successful, 63 per cent.

### A Blood-stained Romance.

Scenes by VAC and TOX. Dropscene by WIDAL.  
Wigs by ANTHRAX. The Moderator Band will play selections during the intervals.

#### SCENE I.

*A loud crash is heard and the curtain rises, showing the floor of the Pathological Laboratory. On the right are various figures, which, as the light slowly goes up, as slowly rise and become distinguished as Bacteria.*

*Pneumo*: What on earth has happened?  
*Plague*: Why, when the laboratory boy went out just now he banged the door and upset the rack which held us in our culture tubes, and here we are!

*Pneumo*: Upon the floor with a prospect of early extinction—a pleasant one indeed. What shall we do?

*Plague*: I don't know, I'm sure; let's ask Meningo—he's the brainy one of the party. Meningo!

*Meningo (advancing)*: Hello, Pneumo, old boy, haven't seen you for months; where have you been?

*Pneumo*: Me? Oh, I've had a glorious time; I've been at an awfully decent country house down in Devonshire. Jolly house-party, you know! I spent two or three days with one of the rippingest old colonels, and would have been there yet only that I saw how things were going, and if I hadn't cleared out, well, he would—so—

*Meningo*: So—?

*Pneumo*: So the next time he coughed, why, out I came, and spent the next week with the squire's wife; but she was an interfering sort of person, and insisted on the doctor examining her expectoration, so he bottled me up and sent me here with no hope but agar for the rest of my natural life until this accident. As Plaguey was just saying—

*Meningo*: Plague! You here?

*Plague*: Yes, why not?

*Meningo*: Oh, nothing; only I thought you were down in Suffolk.

*Plague*: So I have been, my boys; some of the finest fleas and rats and hares I've ever met. Didn't know they grew such fine chaps when I landed at the docks. Well, how are you, old cock? My word, you haven't altered a bit. I declare you grow more like your cousin—

*Meningo*: My cousin?

*Plague*: Yes; cousin Pneumo—every day; why, I couldn't tell you apart.

*Meningo (proudly drawing himself up)*: Let me tell you there is all the difference in the world. There has never in the whole course of our existence been a stain on our escutcheon—he, like all his family, is addicted to Gram.

*Plague (angrily)*: Hoity toity!

*B. Lact. aer.*: Hello, what's the trouble? (*To Plague*) Keep your flagella on. For goodness' sake, in the time of our trouble let's have no rifts or fissuring. Beware, I say. Already I see danger. Look! the dyes are oozing out of their bottles.

(*They draw back as An. Gent. V., Grams and Meth. B leave their bottles and advance to left.*)

*A. G. V.*: Dear me, how that jar upset me!

*Meth. B.*: You are looking run down.

*A. G. V.*: Thank you, my strength is all right.

*M. B.*: Perhaps it is, but really Violet, old girl, you have been a bit off colour lately, haven't you—come now, tell me, what is it? You are blushing like Eosin.

*A. G. V.*: I have fallen in love with a Lymphocyte, but alas, I see no chance of ever meeting him. (*Song.*)

*M. B.*: Oh, dry up! Since when have you become so particular? My dear old girl, you are universally liked, you know; it isn't as though you were Gram, who is only liked by some people.

*A. G. V.*: Did I ever tell you the romance of our meeting? We met on the edge of a slide one day; he sat on the tip of the finger which had just been pricked, but while I swished up and down the slide as hard as I could I never reached him, and we had to rest content by looking at each other. Ah! would that I were one of those (*pointing to Bacteria*), then I could gain access to the kingdom wherein my lover lives.

*M. B.*: Well, keep your spirits up.

*A. G. V.*: Spirits, alas I am a watery soul.

*M. B.*: Well, you know what I mean. Why not send a message by them?

*A. G. V.*: A good idea! Let's talk to them. (*They advance, the Bacteria retire.*)

*T. B.*: Back! Back! What want you?

*A. G. V.*: Our mission is peaceful. I merely want to ask you a favour. Should you in your wanderings—

*T. B.*: Hold! Before we begin let us have a clear understanding. For you know what has happened in the past between our Tribes. Is Xylol with you?

*Xylol*: I am here if I am wanted. Why?

*T. B.*: Will you swear that if in this converse we become engaged in one another, you will step in and clear us?

*Xylol*: I swear that I will clear you so that there is no stain upon your character.

*T. B.*: Oh, hang the character! I am more anxious about my granules; however, you have sworn it. Now tell us, Violet, what is your mission?

*A. G. V.*: Should you in your wanderings come across a little Lymphocyte, with the finest granules in the world, will you tell him that I love him with an undying love.

*M. B.*: Undying?

*A. G. V.*: Yes, undying, for I swear I'll dye no other until we two do meet.

*T. B.*: I think we'll all agree to do that. Now Xylol, do your duty, for we must confer upon our plans. (*Xylol clears and the Stains glide off.*) Well boys, we have reached a crisis, which though it may be familiar to Pneumo, is still a serious one. We thought our lives miserable in those Tubes; we had no hopes—we were but prisoners, but we did at least have culture; now we have not even that. If anyone has a plan let him speak now and quickly.

*Dip.*: I have an idea. Why not, when next the Laboratory attendant comes in, let us aeroplane into his mouth, which he ever keeps open, and enter the portals of his circulation by the tonsil.

*T. B.*: Happy thought! Then all understand that when we hear his footstep in the distance, get ready, and at my word of command, go.

(*Steps are heard.*)

(*Pause.*) Ready!—Go! (*Lights out.*)

CURTAIN.

#### SCENE II.

(*Left Auricle.*)

(*Two doors alternately opening and closing are seen.*) *Red and White Cells march through Mitral Orifice—Poly Morpho Nuclear and Lymphocyte drop out and collect on left.*

*Lympho*: Why have we left the current? Have we no more work to do?

*P. M. N.*: No, child; when you grow older you will realise that we only go upon parade in full force after meals.

*Lympho*: But what are these special orders for fighting that we have received?

*P. M. N.*: My child, the news has been telegraphed that a host of invaders landed in the Tonsil this morning.

*Lympho*: Telegraphed? How telegraphed?

*P. M. N.*: By the Vaso-Motor System of course—which means we know everything that takes place in the body.

*Lympho*: Then those must be the strange people I met in the Thoracic Duct—they seemed a very varied lot.

*P. M. N.*: True my child! I have seen many infections in my life—but never such a mixed one. We cannot start fighting yet until our brothers return from the Arsenal, where they have gone to get that latest form of ammunition known as Oposonins. (*Entrance of other White Cells.*) Hullo—Here are the others.

*Eosinophile (staggering)*: Now Poly, are you ready.

*P. M. N.*: Oh! Eosino—you old sinner, you have been at the Oposonins again—confess it. The colour of your granules gives it away.

*Eosino*: Poly, it wasn't me—it was Baso—Basso I call him, who tempted me.

*P. M. N.*: Then are we ready—if so, let's to the fight.  
(*Exit—fall in and drift through valve.*)

(*Enter Streptococcus.*)

*Strepto*: Here we are, boys. This is the Promised Land we often thought about. What? I am alone. Well, well. I must think of myself. I cannot wait for the others.  
(*Mounts valve, picks pieces off, and eats with great relish.*)

(*P. M. N. and Lympho re-enter.*)

*Lympho*: Oh! Mother, look! One of the funny men hanging on the door.

*P. M. N. (screams)*: If we leave this man on there he will work until he makes a hole right through. Come, lend me a pseudopod, and we will displace him.

(*Fight, and Exit through orifice.*)

(*Bacteria enter.*)

(*Song*) The Valve—the Valve—at last we reach the Valve, and now for the feast of our lives!

*Pneumo*: Our lives or the life of the patient?

*Dip*: Put it how you will—cut your crepitations and let's to business.

(*Mount Valve—eat.*)

*Rheuma*: I hate this sticky way of eating—hand us up a platelet, T. B., and let us be more comfortable.

*Chorea*: A little fibrin, Rheuma?

*Rheuma*: Not too much.

*T. B. (below)*: What a Vegetation! I've never seen its like before.

*Plague (below)*: It's all due to our organisation. Nothing short of Aneurysm or Perforation can spoil us.

*T. D.*: Jump off, boys—jump off.

(*All off.*)

*Rheuma*: What's the matter?

*T. B.*: Listen! (*Knocks heard.*) That's a human being percuting the chest!

*Rheuma*: What if he is?

*T. B.*: In a moment—he will be listening, and then if you still persist upon the Valve—he will hear a murmur. And that will mean Diagnosis and Death by Vaccines to all of us. Now then boys, quietly does it. All fear has gone, for by this time he has finished ausculting.

(*All get on Valve.*)

*Rheuma*: Look out below, boys; I'm off, for I am sated  
(*through Valve.*)

(*Exit.*)

*T. B.*: There goes another little Embolus that will worry somebody.

*Staphylo*: Good heavens! this chap must have rotten valves, for I have gone right through.

*All*: He's perforated. I feel the draught.

*T. B.*: Stop that Brownian Movement, you craven poltroons, let's fly before it is too late.

*All*: Where? Where?

*T. B.*: Anywhere; that farthest from this rushing and whirling stream. Come, follow me to the Lobe of the Left Ear.

(*Enter Blood-cells.*)

(*General mêlée. All hustle through Valves.*)  
(*Curtain.*)

SCENE III.

(*Lobe of Left Ear.*)

*P. M. N.*: Now, at any rate, we are safe for a short time. But the end is, I fear, only too certain. Lympho, I cannot think you realise it—or is there something in your mind of which you have not told me? I feel sure there must be, for you do not look dejected enough considering our danger. I pray there is no entanglement between you and a microbe.

*Lympho*: Mother! Mother! What makes you think of such a thing?

*P. M. N.*: Experience, my child, for there seems to be an irresistible attraction for Lymphocytes where T. B.'s are gathered together. But be warned, for you may get so absorbed in it, or rather it may get so absorbed in you, that it lead to your destruction. Nay, more!—Necrosis and degeneration.

*Lympho*: Oh! Mother, you have got hold of the wrong Bacillus by the flagellum. If you must know, my love is quite in another quarter, where Bacteria are seldom found.

(*Enter Spirochæte, muttering "Et tu Wassermann."*)

*Lympho*: See, Mother, how pale old Spirochæte looks this morning. In all the years I've known him I've never seen him so pallid.

*P. M. N.*: Ah! Doubtless he has heard the news, for some 606 was landed this morning. Without a doubt it has given him a turn.

(*Enter Bacteria, running on.*)

*Typhoid*: Oh dear, oh dear! I've run so hard I've lost my flagella.

*B. C. C.*: Keep away, keep away. Don't start clumping. Surely since Widal's time you know better.

*Typhoid*: By my flagella—that a bonny little lymphocyte—

*T. B.*: Let's, on the eve of our Waterloo, have a dance, and ask the Leucocytes to join us.

*P. M. N.*: By my granule—if they aren't coming to talk to us!

*T. D.*: We are proposing a small dance—just a few Ehrlich side chains or a Saint Vitus or two. Will you join us?

*Lympho*: Stand back, or I'll eat you up—not because I love you so much, but because I hate you.

*T. B.*: Oh! I can't swallow that!

*P. M. N.*: I'll swallow you if you plague us.

*T. B. (restrains Plague and says)*: She's only pulling your flagella. But hark! What is that? (*Sound of torn linen.*)

(*Entrance Needle.*)

*P. M. N.*: That is a Needle—the Pathologist is at work.

*Lympho*: Oh! Mother, what is this peculiar feeling? I am being pushed and hustled I know not where!

*P. M. N.*: It is the Pathologist's fingers that squeeze us and pinch us; we shall be irresistibly drawn through that opening.

(*Bacteria disappear one by one through it.*)

*Meningo (slapping his chest)*: At any rate, if we have to go let's go like men. I will die game and plucky to the end.

*Tet*: Death is a fearful thing.

*Meningo*: But spore formation is worse.

*Tet*: Aye, but to die and go we know not where; to lie fixed fast for ever on a slide. This Brownian warm motion to become a sterile clot, and the delighted nucleus to bathe in fiery xylol, or to reside in thrilling region of thick ribbed paraffin. To be imprisoned in the viewless incubator, or roll with restless violence round about the whirling centrifuge—'tis too horrible! The weary and most loathed resting stage that age, stain, vaccine, or opsonised leucocyte can lay on Nature is a Paradise to what we fear of death.

(*Exit.*)

*Typhoid*: I see before me just a hanging drop; a clump or two and I have crossed the bourne. How all my quick flagellæ stand on end at the bare thought of it.

(*Exit.*)

*B. Lact. aer.*: Was it for this I came across the seas? Oh! Metchnikoff, thou hast a traitor proved. Of what avail is now St. Ivel cheese and old age pensions! I will back to that fair land where flows the milk and honey, Bulgaria.

(*Exit.*)

*Dip*: I shuffle off this mortal coil aghast, knowing that in the land of the unknown I will be deemed a villain double-dyed. Shades of Shackleton and Peary, what a bi-polar expedition this will prove.

(*Exit.*)

*Meningo*: I will take, for the first time in my life, the Gram-stain, then I shall be positive and the Pathologist will not, and so there will be no vaccine for my relations. I die, but in my lurid and coloured death I save my family.  
(*Marches out heroically.*)

*P. M. N.*: Now, Eosino, our time has come; are you ready? My granules, if you haven't been feeding! How could you at such a time! It's easy to see what you have had.

*Eosin*: Well, if one has to die one may as well die with a full stomach as an empty one. Those are merely a couple of influenza bacilli and a little opso. Far better go like this than some of these scarlet runners; why, they look awfully poikilocytic, and you, my dear Poly, look a bit chippy. Give me your pseudopod and remember there is many a slip twixt the lens and the Balsam. Come, the Chemiotaxis are at the exit, let's diapodese.

(*Exit all except Lympho.*)

(*Lime-light behind shows up A. G. V. standing at the opening with outstretched arms.*)

*A. G. V.*: My darling Lymphocyte! For long I have waited, until I thought I should have evaporated. Will you take me?

*Lympho*: I will, and remain acid fast for ever!  
(*Curtain.*)

*Kepopeus.*

The author pleads dramatic lysins for technical errors. The effusions by E. D. Mar have clotted in the press.

### On the Use of Solid Carbon Dioxide.

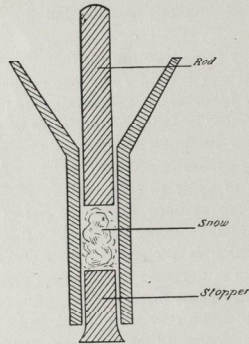
By HALDIN DAVIS, M.R.C.P.

**T**HE principle of freezing the tissues in cases of skin disease, a method technically known as congelation, was introduced into dermatology in the year 1900 by a physician named Dethlefsen. He, however, did not employ solid carbon dioxide but a spray of ethyl chloride.

Subsequently Dade began to use liquid air for the same purpose, but it was not till 1905 that carbon dioxide was introduced by Juliusberg. Carbon dioxide has the advantage over the other two substances tried of being easily procured, of greater cheapness and of equal efficiency. Liquid air is not only expensive and very difficult to preserve, but also awkward to apply to small areas. It is applied by means of a swab wrapped round the end of a stick and dipped in the liquid. Being much colder than solid carbon dioxide its action is proportionately more intense. All these agents act in the same way although their effects vary in degree. They cause first a local necrosis of the tissues at the point to which they are applied, and in addition to that a certain degree of inflammation beyond. These changes have been studied microscopically by Juliusberg, who excised pieces of normal skin both immediately after freezing and also fourteen hours later. In the first piece the only change was that the vessels were filled with thrombi; in the second the whole epidermis had undergone a homogeneous destruction. A few cells of the basal layer alone retained unaltered nuclei, but the remaining structure had entirely disappeared, leaving empty, clear spaces in their place. Below the epithelial layer was a band of polynuclear leucocytes. There were also masses of leucocytes scattered about among the swollen and hypertrophied connective-tissue cells. The lymph spaces were swollen and filled with a homogeneous substance. The blood-vessels were also distended, occluded with thrombi, and surrounded by a leucocytic infiltration. The whole of the connective tissue was permeated by a network of fibrin, which in the papillæ was arranged into orderly coils.

The clinical series of events to which these pathological changes form the foundation are, first a hard white plaque

depressed below the level of the surrounding skin; then as the normal temperature is regained the natural colour returns, and the swelling takes place which lifts the affected area above the level of its surroundings. Drops of fluid are often seen to stand upon its surface. Round it a zone of hyperæmia quickly forms, and the patient experiences a sensation of heat and throbbing and sometimes complains of considerable pain. Within two or three days a scab forms, which takes about a week to separate. The resulting scar is soft, supple, and can hardly be distinguished from normal skin. Liquid air, as we have seen, is applied by means of a cotton stick, carbon dioxide in the form of a pencil. The substance is stored, as most people are now aware, in steel cylinders, in which it exists partly in gaseous and partly in liquid form, and is subject to very high pressure. When permitted to escape from the cylinder it loses so much heat that it solidifies and appears as snow, in which form it can easily be caught by means of a towel folded over the nozzle of



the cylinder. To make a pencil it is best to use one of the moulds now sold by many instrument makers and which may be obtained in various sizes. The snow is shovelled into one of these and then hammered down with a rod which fits the particular mould used. The accompanying figure shows better than a verbal description what a mould is like and how it is employed.

Carbon dioxide has been used in the treatment of many different lesions, including rodent ulcer, epithelioma, lupus erythematosus, lusus vulgaris, acne vulgaris, syccosis, and every kind of nævus and mole and warts. Of all these conditions the best results are obtained in warts, for which it is a specific. The only point of importance is to be sure that the pencil is applied for a sufficiently long time. Warts, being very poor conductors of heat, require a long application before they are thoroughly frozen through. The indication that they are properly frozen is that a good margin of frozen tissue can be seen all the way round their periphery. If care be taken that the freezing process is

efficiently carried out, in the course of a few days a blister forms beneath the wart, lifting it up from its bed, and when the blister is opened the wart can easily be removed, with the disclosure of a raw surface which heals in a very short time.

Carbon dioxide snow has been very largely employed for vascular nævi, and with quite good results. It is, however, pre-eminently suitable for raised capillary nævi, which can always be cured in one application of about forty-five seconds. The point to which attention must be particularly directed is that the whole nævus receives equal treatment. If a corner is left it will start growing again rapidly, and the nævus will soon recover its original size. For nævi which extend deeply into the cutis this method is not so suitable, because the effects of the congelation do not penetrate sufficiently deeply, and although the surface layers of the nævus may be destroyed and their place taken by normal skin, the deeper portions of the nævus persist, and may be recognised by the blue colour which shines through the newly grown epithelium. Subsequently the nævoid tissue may grow up again from below and invade the surface. Often a nævus which has been treated initially with carbon dioxide can finally be finished off by a few touches from the electric cauterium.

Results obtained from the use of the snow in lupus erythematosus are very unequal. This is a condition in which discretion in treatment is very necessary. Often it happens that it undergoes a natural cure, and then the scar which remains is far more pleasing than any which can be obtained by any method of treatment. However, in obstinate cases it is always worth while to try the carbon dioxide snow, and sometimes the results are almost equal to those of Nature. The great risk in meddling with this disease is that the condition may be actually aggravated, but up to the present this unfortunate accident has not been observed after the use of the remedy we are now discussing. If a good result is going to be obtained at all it will be attained after the first or second application; repeated administrations are not to be recommended. In this matter the behaviour of port-wine stains is very different, for they usually require repeated administrations of the snow before much change is effected. Ultimately they do well, but they are not so satisfactory to treat as the ordinary raised nævi. But in dealing with these blemishes it must be remembered that the site of reaction after the application of the carbonic pencil always remains red for a time after healing has taken place, and we cannot judge the result of the treatment until after this temporary erythema has faded.

Of the treatment of lupus vulgaris and rodent ulcer by carbon dioxide it is difficult to speak in the absence of personal experience, but good results have been published by several observers. In the case of lupus particularly the local reaction always induced by the application would seem to be very beneficial.

## Clinical Gittings.

No. XV.

By SAMUEL WEST, M.D.

### ON THE RUPTURE OF CARDIAC VALVES.

**H**EALTHY cardiac valves do not rupture, even with the greatest amount of muscular strain to which they can be subjected. If a valve rupture it is found to be the seat of antecedent mischief, and though the actual rupture may follow some exertion, it may occur spontaneously without any special strain. I suppose a heavy fall or blow might tear a healthy valve just as I have once seen it tear the healthy aorta itself right across as if cut with a knife, but I do not know of any instance of such an effect upon a valve actually recorded.

It is the aortic valves which usually rupture, for they belong more to the aorta than to the heart, and are readily involved in those degenerative changes which specially affect the aorta, viz. atheroma and syphilis. Sometimes the valve is torn across; sometimes the edge remains unbroken and the belly of the valve is perforated, either with or without the previous formation of a small aneurysm in it.

Ulcerative endocarditis, or that form of malignant endocarditis in which there is much erosion of the valve, may also lead to tearing or rupture, but these cases fall clinically into a different category, and the symptoms are those of the original disease, viz. septic infection in which more or less definite, but often very indefinite, cardiac signs develop.

In ulcerative endocarditis the aortic valves usually show most advanced destructive lesions, yet the mitral valves may do so too, especially when the chordæ tendinæ are broken. With this exception the mitral valves are rarely ruptured; but now and then when a tag hangs from the aortic valves, which, as it flaps to and fro, strikes the aortic cusp of the mitral valve, it may rub a spot there which may ultimately give way, or lead to an aneurysm there projecting on the auricular surface, with a perforation at its tip.

The evidence of rupture is given by the sudden onset of cardiac symptoms, viz. pain, dyspnoea, and cardiac embarrassment. These symptoms may set in suddenly in a patient who has been apparently well till the onset, though post-mortem evidence shows that the valves have been long unsound. In other cases the patient is known by the physical examination to have had valvular lesions, though probably without marked cardiac symptoms prior to the rupture.

### ON THE TAPPING OF HYDATIDS IN THE LIVER OR ABDOMEN.

A hydatid may be tapped with safety so long as it is within the liver, *i. e.* so long as it is shut off completely by liver substance from the cavity of the abdomen. If the hydatid be within the abdominal cavity, whether originating in the liver or not, tapping is a very risky procedure, for

then either the daughter-cysts, if there be any, make their way out from the puncture into the peritoneal cavity, where they may grow, and so the last state of that patient be worse than the first; or, what is more likely, the cyst becomes infected from the intestines, septic symptoms arise, and the abdomen has to be opened urgently under very unfavourable conditions.

Nowadays, if a hydatid has been diagnosed, the abdomen is opened as a matter of course and the cysts dealt with as circumstances suggest. Paracentesis is now hardly ever done except for diagnosis. What has been said shows when exploratory puncture is justifiable for diagnosis and when not. Except when it is certain that the hydatid is deeply seated in the substance of the liver it should not be tapped. Even then paracentesis can only cure the simple cyst, and there are no means of determining beforehand with certainty whether the cyst is, or is not, proliferating.

### Intensity Fades. With the usual apologies.

When first as a dresser to work I began  
(Said I to myself, said I),  
I will work on this great philosophical plan  
(Said I to myself, said I):  
I will never assume on a Saturday night  
That a cut on the scalp has been due to a fight,  
But regard the affair in a lenient light  
(Said I to myself, said I).  
I will never use probes which are not sterilised  
(Said I to myself, said I),  
Or proceed with a case until duly advised  
(Said I to myself, said I),  
Or assume that because there are seventy-two  
New cases outside we should hurry them through,  
A selfish and most inconsiderate view  
(Said I to myself, said I).  
Ere I go round the wards I will read my notes through  
(Said I to myself, said I),  
I will look up each case in a text-book or two  
(Said I to myself, said I);  
I will question my surgeon on matters obscure,  
And discuss any details of which I'm not sure,  
Such as Number 3's chances of permanent cure  
(Said I to myself, said I).  
But when I had dressed for a week and a day  
(Said I to myself, said I),  
This keenness of mine is all right in a way  
(Said I to myself, said I);  
Asepsis *et cetera* is all very fine,  
But it takes up a lot of my valuable time,  
So I'll drop it, and come at a quarter past nine  
(Said I to myself, said I). A. B. P. S.

## Two Cases of Intra-orbital Aneurysm.

By A. P. FRY, M.B., B.S. (Lond.)

**T**WO cases of unilateral exophthalmos due to vascular lesions in the orbit have this year been in the wards of the Hospital under the care of Mr. Bowlby, to whom I am indebted for permission to publish the notes.

**CASE 1.**—Male, aged 38, a butler, was admitted on March 30th, 1910, with the history that on December 8th, 1909, he sustained a fracture of the base of the skull in a bicycle accident, and remained unconscious for four weeks. The right eye never diminished to its normal size after the accident; however, it gradually became less swollen until the beginning of March, 1910, since which date it has daily become more prominent and blood-shot.

**Condition on admission.**—Right eye: marked proptosis; pulsation of eyeball is apparent. Vessels in upper lid tortuous, dilated, and pulsating.

Chemosis of conjunctiva especially at nasal side; numerous dilated conjunctival vessels going as far as the limbus. No anaesthesia of cornea; right pupil smaller than left, it acts very slightly to light, dilates perfectly with homatropine and cocaine. Movements of eye good, though external movements slightly limited. Thrill felt over inner part of right brow, and on auscultation a bruit, synchronous with heart-beat, is heard over anterior one third of right side of head; bruit disappears on compression of right common carotid artery. Fundus shows normal optic disc; veins large, but no marked pulsation in arteries or veins.

Vision: right eye  $\frac{6}{18}$ ; left eye  $\frac{6}{6}$ .

**Diagnosis.**—Traumatic arterio-venous aneurysm between carotid artery and cavernous sinus.

For treatment the patient was kept in bed for six weeks and given milk diet with a few extras, and also potassium iodide.

The ecchymosis disappeared; the proptosis became less obvious and the other signs improved, and the noise was less noticeable to the patient himself; he was discharged from Hospital on May 13th, 1910. On November 10th, 1910, he wrote to say that the noise in the head had entirely gone, that the eye was no longer blood-shot, and was scarcely swollen at all; he has returned to his former occupation.

**CASE 2.**—Female, aged 31, a housemaid, was admitted May 19th, 1910.

**History.**—She states that she was perfectly well until December 15th, 1909. Quite suddenly, whilst sitting talking after a morning's easy work, she felt a sudden pain shoot across the right temporal region towards the brow; no noise heard in the head at that time. On December 17th, for the first time, she heard "an awful noise like carpet

beating," and the pain disappeared: on December 20th squint was noticed, the right eye being turned inwards, and there was diplopia. The eye became swollen. Since that date the eye has been getting straighter, and movements are better. The noise gets less annoying, and now sounds to her like the working of a machine; it troubles her most in the early morning. Patient thinks eye is less prominent; diplopia no longer noticed.

No illness or accident of any kind. No history of syphilis nor potus.

**Condition on admission.**—Conspicuous proptosis of right eye, but lids close easily over the eyeball. Pupil reacts to light, and is equal to that on the left. Movements of eye outwards much restricted, and upwards restricted less. A soft, pulsating swelling feeling like a dilated vessel is present in upper part of the orbit. There is conspicuous dilatation of vessels of sclerotic and conjunctiva. A loud rushing sound, synchronous with the heart-beat, is heard over right carotid over closed lids over mastoid and very loud over right brow; this is all completely controlled by pressure on the right carotid artery; a similar sound, though faint, is heard over left side of head, which is controlled completely by pressure on right carotid, not at all by pressure on left carotid. Pulsation and a thrill can be felt over region of frontal air sinus.

Fields of vision are complete. The retinal vessels are full in both eyes, but rather fuller in right.

Vision: right  $\frac{6}{6}$ ; left  $\frac{6}{6}$ .

No sign of aneurysm elsewhere in body.

Wassermann's reaction was negative; a skiagram was of no assistance.

Urine—specific gravity 1026. No albumen.

Blood-pressure 175 to 190 mm. of mercury.

**Diagnosis.**—The case was shown in surgical consultations, and the general opinion was expressed that it was a case of aneurysm of the orbital artery. Since the condition of the eye was improving no operative treatment was advised, but ligature of the right common carotid artery was recommended if the eye became worse, in spite of rest.

Treatment consisted of digital compression of right carotid artery for half an hour every morning and evening, and later this period was increased to one hour, the dressers and nurses sharing the task. This was continued for three and a half weeks, during which she was kept in bed.

The eye improved whilst the patient was in hospital, and the noise was less troublesome to her, but the bruit still remained on her discharge on July 7th, 1910.

She was seen again on November 7th, 1910, and there was no noticeable change in the eye, except that the pulsating vessel in the upper part of the orbit was larger; patient stated that the increase in size synchronised with a return of pain in the eye during the preceding week.

The interest in the case lies, firstly, in the rarity of the lesion, and secondly, in the difficulty of treatment, and in

the fact that the ancient treatment of digital compression of an artery for the cure of aneurysm was adopted.

The objection to ligature of the carotid artery was that though there would probably be temporary improvement, yet the final condition might be as bad as ever as soon as the anastomosis became fully established, and also the operation would expose the patient to the grave risk of cerebral softening of the corresponding hemisphere resulting.

## Medical Aphorisms.

"God and the doctor they alike adore,  
When on the brink of danger, not before;  
The danger o'er, both are like required,  
God is forgotten and the doctor slighted."

—Unknown Author.

Another variation is:

"God and the doctor are the last to be remembered."

—Dr. Matthews Duncan.

"The best thing for the inside of a man is the outside of a horse."—Sydenham.

"Going upstairs is good for the heart, coming down for the liver; remember this—when the lift is full."—Sir Dyce Duckworth.

"God heals; the doctor takes the fee."—Benj. Franklin.

Other variations of the last aphorism are:

"Physicians amuse their patients, whilst Nature effects the cure."—Unknown Surgeon.

"I dressed him; God healed him."—Ambroise Paré.

"But there being no doctor in the village I soon got better."—Gil Blas.

"The physician eludes the patient from day to day until Nature hath conquered the disease."—Gideon Harvey circa 1689.

"I do no more than my duty as an honest and conscientious physician when I do nothing at all."—Sydenham.

"If a man is ill enough to say he is ill when he is not ill, he must be very ill indeed."—Dr. Sutton.

"Use the eyes first and much; the touch second; the tongue least and last."—Geo. Humphrey.

"A patient who asks for the name of her disease is getting on."—Sir Dyce Duckworth.

"Never give a bad prognosis unless you are absolutely certain."—Ibid.

"Health is contagious as well as disease."—Sir James Paget.

"Never tell a woman she is neurotic or hysterical; she never is."—N. Leonard.

"Life is a pause between two bad quarters of an hour."—Monkswood.

"The skin is a third kidney."—Sir Dyce Duckworth.

"The first requisite for good surgery is a good light."—Ibid.

"Insanity is the failure of inhibition; the success of an impulse."—Ibid.

"Insanity is the want of harmony with one's environments."—Dr. Claye Shaw.

"The proper time to begin the treatment of some diseases is 100 years before birth."—Oliver Wendell Holmes.

"What's the use of killing yourself to get a living?"—Sir Andrew Clark.

"All eccentricities are grave."—Sir Wm. Savory.

"Diseases are not cured by rhetoric, but by remedies."—Celsus.

Re an hysterical joint:

"She says she cannot. It seems she will not. In reality she cannot will. We often say, 'I will if I can'; we should say, 'I can if I will.'"—Sir James Paget.

"The last and least popular of remedies—grin and bear it."—Dr. S. B. Atkinson.

"When I commenced practice I had hundreds of remedies for every disease; now I recognise hundreds of diseases for which I have no remedy at all."—Dr. Radcliffe.

Re scarlet fever:

"Fatal only through the officiousness of the doctor."—Sydenham.

"An examination is an unpleasant process by means of which the candidate is made to vomit that which has been crammed unwillingly into him."—Ed. Carpenter.

"A big voice and a big presence are two-thirds of the necessities of success in the medical profession."—Anon.

"Know something of everything; know everything of something."—Anon.

"This is the shade of difference: the door of the physician should never be shut; the door of the priest should always be open."—Les Misérables, Victor Hugo.

"A greater difference exists between the lowest order of man and the highest, than between the lowest order of man and the highest order of ape."—Huxley.

"All sick men are scoundrels."—Dr. Johnson.

"Youth is an age of diseases; advanced life is an age of infirmities."—Thomas Leonard.

"The best way to learn a thing (in medicine) is to teach it."—Ibid.

"The circulation of a paper depends upon the circulation of its editor."—L. A. Lucas.

"Time spent in meat and Mass is never lost."—Sir Lauder Brunton.

"No man can be spoken of as healthy until after his post-mortem."—Anon.

N. L.

## Two Cases of Sudden Death in the Wards.

By A. E. STANSFELD, B.C.

**T**WO cases of sudden death occurred recently in the wards under care of Dr. Ormerod, and I am indebted to him for permission to publish these notes.

The first patient, a carpenter, æt. 38, was admitted to Matthew Ward on August 2nd, 1910, complaining of pain in the chest. He had been a strong man in good health until the beginning of the year, when he commenced to suffer from attacks of pain in the upper part of the chest, equally affecting both sides and often passing down both arms to the fingers. Attacks were usually excited by walking, but sometimes by emotion, and each lasted about five minutes, there being at first an average of one attack per day. During the attack he remained motionless, standing or sitting; sometimes he sweated. There was rarely pain at night. The severity and frequency of the attacks gradually increased, and after two months he had to cease work, but rest only partially relieved him.

On admission his pulse was regular, of good volume, with a tension of 135 mm. of mercury, and a frequency of 80 per minute. The radial artery was palpable and a little tortuous, but not markedly thickened. There was no capillary pulsation, and the pulse was not noticeably of the water-hammer type. His chest was emphysematous and masked the dimensions of the heart. A typical blowing diastolic murmur was heard loudest at the aortic base, and was conducted down the left border of the sternum. A short rough systolic murmur was localised at the aortic base, and a short second sound preceded the diastolic murmur. There were no physical signs of aneurysm, and a skiagram showed no dilatation of the aorta. He gave no history of acute rheumatism and denied venereal disease.

While in the ward the patient had no severe attacks of pain, but on two occasions, while under inspection during the afternoon round, he became pale and complained of præcordial oppression, the heart becoming irregular. A little exertion caused a choking sensation at the root of the neck, but on the whole he was definitely improved and he went to Swanley on August 30th.

After his discharge he never felt quite well; any exertion excited pain in the chest, with a sense of constriction in the throat, and as the attacks were becoming more severe, he was re-admitted on October 4th. He then looked more ill than at the time of previous admission and had a very anxious expression. No change was found in the physical signs, but symptoms were more constant and distressing. He was never quite free from a sense of oppression in the chest and he was much more nervous about his condition. His blood-pressure was 117 mm. of mercury.

On October 10th, while he was being examined, the heart suddenly stopped pulsating and then re-commenced in very irregular groups of two, three, or four beats. The irregularity in rhythm (commencing while the stethoscope was on the chest) preceded pain, but the patient soon complained of a feeling of strangulation and severe pain over the top of the sternum. He became restless and emotional, he moved about and wanted to sit up, he did not sweat, and the pulse tension had not varied to palpation. Nitrite of amyl was useless, but a hot poultice over the sternum relieved him, and the irregularity of the heart and pain gradually subsided together. Throughout the attack, which lasted for about three hours, he was restless and whimpering, but he had a good night after a dose of chloralamide and potassium bromide, and on the following morning the heart was quite regular and he was free from pain.

In the afternoon of that day, October 11th, immediately after greeting a friend who had come to visit him, the patient suddenly cried out and threw up his arms. His head was thrown back and his eyes rolled up; he became unconscious at once and was dead within one minute of calling out.

At the post-mortem examination the heart was found to be considerably enlarged. It weighed 16 oz., and the left ventricle was dilated and hypertrophied. The aortic orifice had two large and thickened cusps with the minute vestiges of a third cusp between them. The valves and the aorta immediately above them showed a semi-gelatinous type of thickening and in both coronary arteries there were many patches of atheroma. There were several small pericardial hæmorrhages and a few rather larger hæmorrhages in the myocardium, which showed recent interstitial changes on microscopic examination. The lungs were engorged; the kidneys showed nothing abnormal beyond slightly excessive adherence of the capsules. No examination of the brain was permitted.

Attacks of angina pectoris are not often seen in hospital practice, and the above case illustrates only some of the features of the classical picture. The "angor animi," the agonising sense of impending death, was well marked during the only severe attack of pain which the patient had while under observation, but the long duration of the attack and the marked restlessness did not accord with the typical account of intense paroxysms of pain lasting for a few seconds only and keeping the patient absolutely fixed in one position. So neurotic did the subject of this case appear to be that had one not felt his pulse and listened to his heart during the attack one might well have supposed it to be an instance of hysterical or neurasthenic angina. The "dolor pectoris," the pain itself, was never definitely præcordial; it was located over the upper part of the sternum and at the root of the neck; it was symmetrically distributed, and affected the right arm equally with the left. It is interesting to note that in this case there was no apparent variation in the

tension of the pulse, and that nitrite of amyl afforded no relief. This association, however, does not appear to be constant.

The post-mortem findings would accord with a diagnosis of true angina, for the only lesion constantly associated with that phenomenon, viz. atheroma of the coronary arteries, was well marked. The congenital defect in the aortic valves was probably only indirectly concerned in the disease, but it is stated that in such cases there is a special liability to sclerotic changes. The changes in the valves and in the ascending aorta were considered to be almost certainly of syphilitic origin. The Wassermann reaction was not tried.

The second patient was a girl, æt. 18, admitted to John Ward on October 1st, 1910, complaining of swelling of the face and neck. She stated that she had been quite well until one month previously, when she had a "very bad cold on the chest," with much coughing and but little expectoration. A doctor ordered oils to rub the chest, and these gave much relief, but slight cough continued, and was worse when the patient lay on her back. The swelling of the face and neck had been noticed for only two weeks and was gradually increasing. There was a little pain in the front of the chest and occasionally she noticed slight difficulty in swallowing. She had become somewhat short of breath, especially at night. About one month before admission she fainted while dressing one morning, and while being examined by Dr. Morley Fletcher in the Out-patient room on October 1st she had a syncopal attack with complete loss of consciousness, her pulse at the wrist becoming impalpable for several seconds.

On admission her pallid appearance, with swelling of the face and neck, suggested a case of acute nephritis, but there was no œdema elsewhere, and the urine contained no albumen. Her temperature was 97.6° F., the pulse 72, regular, soft, and equal in the two wrists; the respiratory rate was 20. The pupils reacted naturally, the right being slightly larger than the left, though on the following day they were of equal size. The left external jugular vein was distended and prominent, and there was dilatation, but no distension, of the corresponding vein on the right. A number of firm, freely movable, and slightly enlarged glands were palpable in both posterior triangles of the neck, and there was one in each axilla. Her chest was natural in appearance, movements were equal, and vocal vibrations nowhere increased. Percussion discovered dulness behind the upper part of the sternum and extending downwards in a line half an inch from the right margin of the sternum to the liver dulness, and about one inch to the left of the sternum, merging below with the cardiac dulness. Over the upper part of the sternum the physiological bronchial breathing and bronchophony were exaggerated, and behind, along the inner margin of the left scapula just below the spine, there was a patch of well-marked bronchial breathing

with increase of voice-sounds as compared with the right side. A skiagram showed a dense shadow corresponding to the area of dulness mapped out on the front of the chest and directly continuous with the shadow of the heart. A diagnosis of mediastinal tumour was made.

The patient appeared to be quite comfortable in bed, but she preferred to be propped up, and at night when asleep breathed very stertorously, inspiration being loud and expiration very prolonged; but the dyspnoea was rather paroxysmal, and ceased when she awoke. Swelling of the face increased a little, and the patient gradually became slightly cyanosed. On October 5th she suddenly fainted while using the bed-pan; the pulse became very feeble, but soon recovered. Thereafter she was not allowed to sit up at all, and attacks of dyspnoea, which had become more noticeable, were relieved by occasional use of oxygen. Further treatment of her increasing symptoms seemed likely to present difficulty, and sudden termination of the case was probably the least distressing solution to all concerned. On October 9th, almost immediately after the arrival of her friends, the patient was suddenly seized with intense inspiratory dyspnoea. She rapidly became cyanosed and could not speak. She clutched her throat and struggled violently, but she soon lost consciousness and was dead within ten minutes of the onset of the attack. Her pulse had remained relatively good, and was palpable for some minutes after cessation of respiration.

The post-mortem examination showed a large growth originating in the thymus, spreading from under the clavicles and covering about two thirds of the heart. It was adherent to the thyroid above and to the top of the parietal pleura on the left side. It surrounded the bronchi and aortic arch, but not the œsophagus. The jugular veins were compressed. There were many subpericardial hæmorrhages and the pericardium was slightly roughened, the cavity containing about three ounces of turbid fluid.

The lungs looked normal, and no examination of the brain was allowed.

The spleen weighed 8 oz., and contained excess of lymphoid tissue throughout.

Sections of the growth showed it to be a small rounded sarcoma and the enlarged glands in the neck contained secondary deposits.

The actual cause of the dyspnoea was not quite clear. With so massive a growth there must have been very considerable pressure upon the bronchi, and possibly the vagi were also directly irritated. The dyspnoea in cases of mediastinal new growth originating elsewhere than in the thymus and in cases of thoracic aneurysm is frequently paroxysmal in character, so that the suggestion of a thymus toxæmia in such cases as the above is probably unnecessary. The specimen is at present in process of hardening for a more detailed examination.

### Oliver Wendell Holmes.

IT has probably been the misfortune of everyone to meet a man who knew something about everything. Others, still more unfortunate, may have been forced into the company of one who narrowed his mind down to a single groove and developed into a fanatic, or at best a bigot. But a man who compounds a wide and varied knowledge with a large sense of humour into a practical philosophy of life becomes a companion at once instructive, inspiring, and amusing.

Such a man was Oliver Wendell Holmes. A medical man by profession, he has become one of the most popular of English-writing philosophers and essayists. Statistics on the popularity of authors are very difficult to obtain. If they existed some of them might be surprising. But they would probably go to show that Mr. Holmes, as an essayist, appeals to a wider and more general public than the deeper and usually more specialised thinkers. The gentle philosophy of Emerson is an attraction to one reader; another prefers Leigh Hunt; another Charles Lamb; another Thackeray; but Holmes introduced a novelty of style, a conversational and easy mode of treatment, combined with a nearer touch of life, an unaffected humour and a geniality of spirit that went to the heart of the man in the street, whose life is too busy for philosophy and too short for much deep thinking. He introduced, too, snatches of popular science, and (what was repeated later almost *ad nauseam* by M. Zola) expanded the hazy uncertainties of the doctrine of heredity.

Oliver Wendell Holmes was born at Cambridge, Mass., on August 29th, 1809, the natal year also of Mr. Darwin, Lord Tennyson, Abraham Lincoln, and Mr. Gladstone, and exactly a hundred years after Dr. Johnson. He graduated at Harvard University in 1829, and took a medical degree at Cambridge in 1836. He had just before this—in the year 1833—visited Europe for the first time. The visit does not seem to have left any great impression on his mind, nor has the literature of Europe had any effect on his letters or works.

In 1838 he became Professor of Anatomy and Physiology in Dartmouth College, which position he left in 1847 to go to Harvard University, where he was elected Professor of Anatomy in the Medical Department.

He very early came into collision with public opinion with his strong anti-Calvinistic notions and broad-minded theology. As a child he was brought up in the shadow and fear of Calvinism. Thence he passed, somewhat naturally, into a dislike of the master of John Knox, which terminated in its maturer years in an intense hatred of all forms of secular religion. Readers of the *Autocrat* and

the *Professor* will remember the numerous occasions on which these two gentlemen jarred on the sensibilities of the divinity student of orthodox sentiments.

Mr. Holmes became, in 1841, a lecturer on general subjects to general audiences. His popularity was enormous, but people are never satisfied. Some found fault. He was even accused of being improper! Others grumbled that he did not work himself into a fever on the subject of teetotalism or on the then hackneyed theme of slavery.

The first of his famous books, *The Autocrat of the Breakfast Table*, was not published till 1858, when the author was almost fifty year old. Prior to this he had published some poems and other less important works. *The Professor at the Breakfast Table* appeared in 1860, but the last of the trio—*The Poet at the Breakfast Table*—was not given to the world till 1872.

Just to finish off a list of his more important works, *Songs in Many Keys* (1861), *Elsie Venner, A Romance* (1861), *Songs of Many Seasons* (1874), *Pages from an Old Volume of Life* (1883), and *Ralph Waldo Emerson* (1885), are perhaps the pick of the basket. In 1886 he paid his last visit to England with Mr. Lowell and was received everywhere with great affection and signs of unending popularity. In 1887 he published *Our Hundred Days in Europe*.

The language of Mr. Holmes was always choice and perfect. He abhorred the vulgarisms and slang jargon that were in his time becoming prevalent in America. He often said that the language of Shakespeare and Lord Bacon was good enough for him. As an essayist he was broad-minded, sometimes at the expense of being slightly illogical; his philosophy was universal and general. Quick to see faults, slow to condemn, he introduced into his works a good deal of satire, more kindly and less strained than that of Thackeray. His own profession did not escape. He wished for a rational medicine as he did for a rational religion and a rational mode of life. Homœopathy and quackery, about which he held very decided opinions, he regarded as a natural result of, and a "ripe judgment" on, the narrow-minded and poisonous methods of medicine of his day. In the first conversation of *The Professor at the Breakfast Table* he remarks:

"Now when a civilisation or a civilised custom falls into senile dementia, there is commonly a judgment ripe for it, and it comes as plagues come, from a breath, as fire comes from a spark.

"Here, look at Medicine. Big wigs, gold-headed canes, Latin prescriptions, shops full of abominations, recipes a yard long, 'curing' patients by drugging as sailors bring a wind by whistling, selling lies at a guinea apiece—a routine, in short, of giving unfortunate sick people a mess of things either too odious to swallow or too acrid to hold, or, if that were possible, both at once.

". . . Now mark how the great plague came on the generation of drugging doctors, and in what form they fell.

"A scheming drug-vendor (inventive genius), an utterly unworthy and incompetent observer (profound searcher of Nature), a shallow dabbler in erudition (sagacious scholar) started the monstrous fiction (founded the immortal system) of homœopathy. I am very fair you see: you can help yourself to either of these sets of phrases.

"All the reason in the world would not have had so rapid and general an effect on the public mind to disabuse it of the idea that a drug is a good thing in itself, instead of being, as it is, a bad thing, as was produced by the trick (system) of this German charlatan (theorist). Not that the wiser part of the profession needed him to teach them, but the routinists and their employers, the 'general practitioners,' who lived by selling pills and mixtures, and their drug-consuming customers, had to recognise that people could get well unpoisoned. These dumb cattle would not learn it of themselves, and so the murrain of homœopathy fell on them. . . . Not only out of the mouths of babes and sucklings, but out of the mouths of fools and cheats, we may often get our truest lessons."

Mr. Holmes wished to be regarded seriously as a poet, but, in England at any rate, this has never been his lot. Some of his shorter pieces are very charming, and one, the "Last Leaf," is said to be popular. But throughout all his verse there runs a feeling that he did not take himself seriously as a poet. He seems to be not exactly ashamed of it, but shy about it, as if he would laugh at himself for fear others should laugh at him. Poetry, too, was not his work: his work was to philosophise and think. And the very thoughtfulness of his nature barred him from the first rank of poets. For the essence of poetry is language: sentiments are secondary. Verse with a basis of noble thought rather than noble language too often tends to lapse into platitude, or become a centre round which to weave a mass of sacrilegious parody. Longfellow's "Tell me not in Mournful Numbers" is a case in point. Some of the finest pieces in the English language are descriptive of scenery or other things, and in these the language is everything. Poetry is primarily a luxury; only secondarily a sermon. Nobility of thought can be equally well expressed in prose. This very mistake is the cause of the comparative failure—poetically—of Matthew Arnold, a man who avowedly regarded poetry as only a means to an end. Yet when he forgot this idea and gave his imagination play he was capable of producing such gems as the "The Forsaken Merman."

Not that lofty sentiment does not form a part of poetry. It must, but only secondarily, and because of the purity of language. Perfect language itself begets perfect thought; it cannot clothe a vulgar idea.

For this reason principally Mr. Holmes cannot be regarded as a first-class poet. But thereby we lose nothing. Poetry is a luxury; his books contain thoughts and wisdom incapable of expression in verse. They, like their author, do not pander to luxury. One cannot imagine Mr. Holmes

writing *Don Juan* or even *Adonais*. He is too cool and clear-headed to be the author of passionate verse.

Oliver Wendell Holmes died quietly in his chair on October 7th, 1894. So passed a man—and a man of medicine—who lived his life as best he could and in his own way; who made some enemies, but many friends; and who earned for himself the respect of the world, an old age "as young as twenty," and after death an affectionate memory, and, if it is not too early to say so, an endless immortality.

J. TREMBLE.

### Old Students' Dinner.

EARLY 170 St. Bartholomew's men met in the Great Hall on Monday, October 3rd, for the Annual Old Students' Dinner. Mr. Lockwood was in the Chair, and amongst those present were Lord Sandhurst, the Treasurer of the Hospital, Sir Clifford Allbutt, Sir William Church, Sir Lauder Brunton, Sir Dyce Duckworth, Sir Francis Champneys, Professor Howard Marsh, Professor Hill (Vice-Chancellor of the University of London), Mr. H. L. Florence, Mr. J. C. Lovell, and Mr. E. M. Stone.

After dinner Mr. Lockwood, who was most enthusiastically received, proposed the prosperity of the Hospital and Medical School, and announced that His Majesty the King had consented to become the Patron of the Hospital—a statement which was loudly cheered. He also referred to the excellent entry of students and to the large number of University men who had joined, and after dwelling upon the unrivalled facilities for clinical and pathological work in the two new blocks, spoke of the need for a Nurses' Home and for a large surgical block.

Lord Sandhurst responded, and in a sympathetic speech which was attentively listened to, assured those present that the Governors fully recognised both the devoted and invaluable services of the medical staff and those working under them, and also the needs to which Mr. Lockwood had referred. The difficulty was a financial one, and all St. Bartholomew's men should assist in every way possible.

The toast of the Visitors, proposed by Dr. Norman Moore in the happiest of terms, was replied to by Sir Clifford Allbutt, and after Mr. Bruce Clarke had proposed the health of the Chairman, Mr. Lockwood paid the same compliment to Mr. Waring, to whose untiring efforts as Honorary Secretary the success of the Dinner was so largely due.

A feature of the evening was the comparative brevity of the speeches, which allowed an early adjournment to the library for coffee and cigars. There it was easy to find old friends, and the late hour at which the company separated testified to the popularity of the arrangement.

## The Clubs.

## RUGBY FOOTBALL CLUB.

## 1ST XV v. BEDFORD.

This match was played on Saturday, November 12th, and resulted in a draw 3-3. Bart.'s were without Brewitt and van Schalkwijk, von Braun and Waddington playing in their places. The play on both sides, though good, was at times rather scrambling. Bedford were the first to score about ten minutes from the start, Dive's kick being charged down. The try was unconverted. There was no further scoring till just before half-time, when Bower scored for Bart.'s behind the posts after a good run. This try should have been converted.

Immediately after half-time von Braun was hurt and had to leave the field for the rest of the game, and soon after another accident caused Dive to retire. This led to Ferguson being taken from the scrum to play full back. With only six forwards Bedford were continually pressing. A good run by Neal nearly resulted in a try, but apart from this effort Bart.'s were mainly concerned in defence. Fiddian played a grand game and was the best man on the field.

Bart.'s place-kicking was very weak and left much to be desired. Team:

H. R. Dive; J. R. Neal, E. D. Richards, H. J. Bower, C. F. Beyers; F. H. Robbins, H. R. Williams; A. E. Evans, A. Ferguson, J. V. Fiddian, J. B. Mudge, R. von Braun, J. M. M. Marshall, R. E. S. Waddington, H. M. Gilbertson.

## ASSOCIATION FOOTBALL CLUB.

## A.F.A. SENIOR CUP.

## Qualifying competition.

## ST. BART.'S v. OLD ALDENHAMIAN.

This match, played on October 22nd at Winchmore Hill, was the first cup-tie of the season, and resulted in a win for the Hospital by 3 goals to 1.

The Old Aldenhamians were not at full strength, and in the absence of Wippell, F. J. Gordon turned out for us at outside-right.

The game was by no means fast, the ground being somewhat heavy and the light bad. The first half was uneventful, except for some good play by Jamieson, who scored the first point for the Hospital with an excellent low shot after about fifteen minutes' play. Shortly after this Waugh added our second point from a run down and well-placed centre by Gordon. At half-time the score stood at 2-love. On changing over the Old Aldenhamians settled down more, and after some pretty play in mid-field took the ball into our half and scored their one and only goal by a well-placed shot by Snowden-Smith. Play was then very even up till ten minutes from time, when Jamieson scored our third point from some pretty play on the part of the forwards, thus making the score 3-1 in our favour. Dyas and Soutter at half were good, and the backs were up to their usual form. Team:

E. A. Brock (goal); N. F. Norman, H. Rimington (backs); P. A. With, G. E. Dyas, J. Soutter (halves); W. C. Dale, R. M. Barrow, A. T. Waugh, C. N. Jamieson and F. J. Gordon (forwards). We meet Aquarius in the next round.

## ST. BART.'S HOSPITAL v. OLD BERKHAMSTEDIANS.

This match, played at Winchmore Hill on October 29th, resulted in a win for us, the score being 9-3.

Our opponents turned up short, and were assisted by Ferguson, who turned out at inside left. There was no scoring for some time, until, from a penalty, Barrow gave us our first point with a well-directed shot. Scoring was rapid after this, Waugh getting one and Barrow three more points before half-time, when the score was 5-0 in our favour. On changing over Barrow's still continued to press, and Barrow, who was out for a field day, gave us another point, which was quickly followed by another from Jamieson. Our opponents then retaliated and scored twice in succession, until Barrow again broke the spell, adding his sixth goal. He shot seven in all, the last one just before time sounded, when the score was as stated,

the Berkhamstedians having added another point from a corner scrum. Team:  
E. A. Brock (goal); J. W. Stretton, N. F. Norman (backs); C. R. Taylor, P. A. With, J. Soutter (halves); W. C. Dale, R. M. Barrow, A. J. Waugh, C. N. Jamieson and W. P. Wippell (forwards).

## MIDDLESEX SENIOR A.F.A. CUP.

## Second round.

## ST. BART.'S v. MUSWELL HILL CENTRAL.

We drew a "bye" in the first round of this competition, and in the second round were drawn against Muswell Hill Central, the result being 10 points to 4 in our favour. This match was played on Saturday, November 5th, at Winchmore Hill. We were without Stretton at back, and Rimington filled his place. On the whole our defence was not kept very busy until the very end of the match, when the light was extremely bad and our opponents scored their 4 points, 2 of which should have been ruled "off-side."

Our forwards and halves both came in for a share of the score, Dyas scoring 2 and Soutter 1. Among the forwards Waugh shot 3, Jamieson 1, Barrow 1, Wippell 1, and Dale 1. Our opponents scored their points in the last quarter of an hour of play. Our next round will not be so simple a matter, as we are drawn against the Old Malvernians. Team:

C. A. Brock (goal); N. F. Norman, H. Rimington (backs); C. R. Taylor, S. F. Dyas, J. Soutter (halves); W. C. Dale, R. M. Barrow, A. J. Waugh, C. N. Jamieson and W. P. Wippell (forwards).

## HOCKEY CLUB.

## ST. BART.'S v. WOOLWICH GARRISON.

Played at Woolwich on October 26th, and resulted in a win for us by 6 to 0.

The first ten minutes was very scrambling, but after settling down we scored four goals by half time. In the second half our forwards were often in their circle, but only scored twice. The forwards all played well, Hepper and Hughes perhaps best. Team:

P. Mawer (goal); C. D. Atkin, M. T. Steedman (backs); C. Weller, G. Turner, J. Nicholson (halves); R. T. Vivian, J. Hepper, W. S. Spackman, C. Taylor, and W. V. Hughes (forwards).

## ST. BART.'S v. BERKSHIRE GENTLEMEN.

Played at Reading November 12th. After one of the best games we have had this season we won by 3 to 2. At half-time we were leading by 2 to 0, but at the beginning of the second half they pressed us hard for some time and scored twice. About five minutes from time we scored again.

Mawer saved several in goal, and Hepper, who had returned to his old place—centre half—worked very hard the whole time. The forwards scored at least twice by hitting and running, and they should try more of this, especially when the other side are playing without a goalkeeper. Team:

P. U. Mawer (goal); G. Viner, Baynes (backs); C. Weller, J. Hepper, J. Nicholson (halves); R. T. Vivian, S. R. E. Davies, E. J. Brash, G. Turner and L. F. G. Lewis (forwards).

## Results.

Rugby: 1st XV.—v. Lennox.	Won.	11 points to 3.
"	"	v. London Irish. Drawn. 3 points to 3.
"	"	v. Old Blues. Won. 16 points to 7.
"	"	v. Bedford. Drawn. 3 points to 3.
"	"	v. U.C.S. Old Boys. Won. 20 points to 5.
"	"	" A " XV.—v. R.M.A. Lost. 6 points to 18.
"	"	2nd XV.—Won 3, lost 2.
Association: 1st XI.—v. St. Thomas's Hospital.	Won.	4 goals to 0.
"	"	v. Emeriti. Won. 8 goals to 2.
"	"	v. R.M.A. Woolwich. Won. 3 to 1.
"	"	v. Old Aldenhamians (A.F.A. Cup). Won. 3 goals to 1.
"	"	v. Old Berkhamstedians. Won. 9 goals to 3.
"	"	v. Muswell Hill (Middlesex Senior Cup, 2nd round). Won. 10 goals to 4.

Association: 1st XI.—v. Guy's Hospital.	Won.	3 goals to 1.
"	"	v. Aquarius. Drawn. 1 goal to 1.
"	"	2nd XI.—Won 3, lost 2, drawn 0.
Hockey: 1st XI.—v. Brookbourne.	Lost.	3 goals to 6.
"	"	v. St. Albans 1st. Won. 6 goals to 3.
"	"	v. Aldershot. Lost. 2 goals to 3.
"	"	v. Woolwich Garrison. Won. 6 goals to 0.
"	"	v. Croydron 1st. Lost. 2 goals to 5.
"	"	v. R.M.C. Lost. 2 goals to 9.
"	"	v. R.M.C. Lost. 0 goals to 10.
"	"	v. Berkshire Gentlemen. Won. 3 goals to 2.
"	"	v. Muswell Hill. Won. 8 goals to 3.
2nd XI.—	Not reported.	

## Review.

PHYSIOLOGICAL PRINCIPLES IN TREATMENT. By W. LANGDON BROWN, M.D., F.R.C.P. Second edition. (London: Baillière, Tindall & Cox.) Price 5s. net.

This volume must be extremely interesting to the practitioner who likes a scientific basis for his treatment.

The second edition contains numerous small alterations and additions, and several chapters—those on gastric movements, endogenous poisons, intestinal intoxications, and irregular action of the heart—have been re-written. The section on purin metabolism we think should be particularly useful to practitioners, since it gives a clear account of the principles underlying the dietetic treatment of gout. Another chapter that strikes us as being exceptionally clearly treated is that on cardiac arrhythmias.

With regard to the chapters dealing with the physiology and treatment of the stomach, it will probably be very satisfactory to the practitioner to find that a treatment which must be so acceptable to the patient, namely, the immediate feeding of cases of gastric ulcer—the Lenhart diet—is so heartily supported by the author.

The description of rectal feeding and the uses of salines we consider the best we have seen; while the methods of diminishing the number of putrefactive or pathogenic bacteria in the alimentary tract are also well described. In addition to many other important chapters the book also deals with all the occasions of lesser importance where physiology can aid treatment; indeed, the only criticism we would offer is that too much space is sometimes devoted to subjects of minor importance, e.g. the trypsin treatment of cancer.

The volume is easy to read and clearly printed. It contains a large mass of important information concerning treatment in a very convenient form.

## Royal Naval Medical Service.

The following appointments, etc., have been announced since October 20th, 1910:

Promotion.—Staff-Surgeon II. Spicer, M.B., to be Fleet-Surgeon, to date from November 14th, 1910.

Appointment.—Surgeon W. C. B. Smith, to the Royal Marine Barracks, Portsmouth, temporarily, to date November 26th, 1910.

## Royal Army Medical Corps.

The War Office has appointed Mr. D'Arcy Power, F.R.C.S. (Eng.), an Examiner in Surgery at the Royal Army Medical College, London.

Captain A. O. B. Wroughton to be Major, October 28th.

## Indian Medical Service.

Captain C. E. Hodgson assumed charge of the duties of Health Officer and District Plague Medical Officer, Simla, on May 10th, 1910.

Major J. H. Hugo, Agency Surgeon in Bundelkhand, was granted six weeks' leave from July 20th, 1910.

Colonel C. J. Bamber dates his promotion from July 12th, 1910.

Major R. F. Baird, Civil Surgeon U.P., was on study leave from January 16th to April 30th, 1910.

Major E. A. R. Newman, Officiating Superintendent of the Campbell Medical School and Hospital, Sealdah, Calcutta, is confirmed in that appointment.

## Books added to the Library during November.

Allbutt, Sir Clifford, K.C.B., M.D., F.R.C.P., and Rolleston, Humphry Davy, M.D., F.R.C.P., editors of *A System of Medicine* by many Writers.

Vol. VII. Diseases of the Muscles; the Trophoneuroses; Diseases of the Nerves, Vertebral Column, and Spinal Cord. Medium 8vo. Lond. 1910.

Vol. VIII. Diseases of the Brain and Mental Diseases. Medium 8vo. Lond. 1910.

Bland-Sutton, J., F.R.C.S. Ligaments: Their Nature and Morphology. Third Edition. Crown 8vo. Lond. 1902.

Bosanquet, Wm. Cecil, M.A., M.D., F.R.C.P., and Eyre, John W. H., M.D., M.S., F.R.S. Serums, Vaccines, and Toxines in Treatment and Diagnosis. Illustrated. Second edition, thoroughly revised. Crown 8vo. Lond. 1909.

Box, Charles R., M.D., B.S., B.Sc., F.R.C.P., F.R.C.S. Post-mortem Manual: A Handbook of Morbid Anatomy and Post-mortem Technique. Crown 8vo. Lond. 1910.

Cunningham, the late D. J., M.D., D.Sc. Cunningham's Manual of Practical Anatomy. Fourth edition, revised by Arthur Robinson.

Vol. I. Upper Limb; Lower Limb; Abdomen. With 237 illustrations, 101 of which are in colour. Crown 8vo. Edinburgh and Lond. 1910.

Vol. II. Thorax; Head and Neck. With 236 illustrations, 81 of which are in colour. Crown 8vo. Edinburgh and Lond. 1910.

Howell, William H., Ph.D., M.D., LL.D. A Text-book of Physiology for Medical Students and Physicians. Third edition, thoroughly revised. Royal 8vo. Philadelphia and Lond. 1910.

Sabotta, Dr. Johannes. Atlas and Epitome of Human Histology and Microscopic Anatomy. Edited, with extensive additions, by G. Carl Haber, M.D. Authorised translation from the German. With 171 illustrations on 80 lithographic plates and 68 text illustrations. Crown 8vo. Philadelphia and Lond. 1903.

Schäfer, E. A., M.D., Sc.D., LL.D., F.R.S. The Essentials of Histology, Descriptive and Practical, for the Use of Students. Eighth edition. Medium 8vo. Lond. 1910.

Thomson, Alexis, F.R.C.S. (Ed.), and Miles, Alexander, F.R.C.S. (Ed.). Manual of Surgery. Third edition, revised and enlarged. Illustrated.

Vol. I. General Surgery. Edinburgh and Lond. 1909.

Vol. II. Regional Surgery. Edinburgh and Lond. 1909.

The following was presented by Sir Lauder Brunton, Bart., K.C.B.:

Baumgartner, Dr. Julius. Appendicitis: When should one operate? With 32 illustrations. Translated from the second German Edition by Amy M. Mandler, and revised by L. Martindale, M.D. Demy 8vo. swd. Lond. 1910.

The following were presented by the Author:  
Fisher, George Timbrell. The Pathologist of the Twenty-fifth Century. Lond. 1910.

## Appointments.

BREMER, K., M.R.C.S., L.R.C.P., M.B., B.S. (Lond.), Visiting Medical Officer to Queen's Central Hospital, Cradock, Cape Colony.



FRY, A. P., M.R.C.S., L.R.C.P., M.B., B.S. (Lond.) Medical Officer to the Assam-Bengal Railway.

SIMPSON, G., M.B., B.C. (Cantab.), F.R.C.S., Assistant Surgeon to the Children's Infirmary, Liverpool.

### New Addresses.

BERGIN, W. M., 27, Beigrave Road, Clifton, Bristol.  
BEWES, E. A., Otahuhu, near Auckland, New Zealand.  
BROMLEY, F., Well House, Presteign, Radnorshire.  
BROWN, W. G. S., 45, Tollington Park, N.  
COMPTON, A., 42, Welbeck Street, W. (additional address).  
DRAWBRIDGE, W. K. L., The Lawn, Ellesmere, Salop.  
FAVELL, R. V., 311, Fulwood Road, Sheffield.  
FRY, A. P., Assam-Bengal Railway, Railway Buildings' Post Office, Chittoogong.  
FORBES, J. G., Maycliffe, Uphill Road, Mill Hill, N.W.  
GIBBINS, H. B., Giltch House, Neath, South Wales.  
GODSON, CLEMENT, 58, Montagu Mansions, Portman Square, W.  
HAMILTON, W. G., Capt. I.M.S., Superintendent, Central Jail, Midnapur, Bengal.  
JONES, G. P., The Lawn, Ellesmere, Salop.  
LAURENCE, B. E., Southfield, 217, Kingston Road, Teddington.  
LOVE, H., c/o Dr. Hamill, Burnham Market, Norfolk.  
PRATT, J. E., West Brow, Warwick (temporary).  
SMITHSON, A. E., Major R.A.M.C., The Military Hospital, Wynberg, Cape Colony.  
URWICK, R. H., 1, Council House Court, Shrewsbury.  
WIGAN, W. C., Hospital for Women, 76, West Street, Brighton.  
WINTER, H. E., Major R.A.M.C., Lumeah, 8, Kent Road, Gravesend.  
WROUGHTON, A. O. B., Major R.A.M.C., Military Hospital, Hilsca, near Portsmouth.

### Births.

BOUSFIELD.—On November 15th, at 35, Princes Square, W., the wife of Stanley Bousfield, M.D., of a son.  
CHRISTIAN-SMITH.—On October 28th, at 51, Marmion Road, Southsea, the wife of Surgeon W. C. B. Smith, R.N., of a son.  
CRAWFORD.—On October 23rd, at Church House, Fernbury, the wife of Cyril R. H. Crawford, of a son.  
HARMER.—On November 16th, at 45, Weymouth Street, W., the wife of Douglas Harmer, of a son.  
HUTT.—On November 8th, at Hethersett Rectory, Norwich, the wife of H. A. Hutt, M.R.C.S., L.R.C.P., of a son.  
JEANS.—On October 22nd, at 30, Rodney Street, Liverpool, the wife of Frank Jeans, M.B., F.R.C.S., of a daughter.  
LLOYD.—On November 8th, at Aregis, Stoke-on-Trent, the wife of G. W. Lloyd, M.R.C.S., of a daughter.  
MICKLETHWAIT.—On October 31st, at Bootham, York, the wife of George W. Micklethwait, M.D., of a daughter.  
WOOD.—On October 31st, at Wrington, Somerset, the wife of W. Vincent Wood, M.R.C.S., L.R.C.P., of a daughter.  
YOUNG.—On November 8th, at 4, Camden Crescent, Dover, the wife of Dr. Francis Percy Young, of a daughter.

### Marriages.

BUTT—CORBETT.—On October 26th, at St. John's Church, Wynberg, Cape Town, Harold Thomas Hayward Butt, M.R.C.S., L.R.C.P., M.B. (Camb.), son of Mr. F. W. and Mrs. Hayward Butt, of Cumberland Mansions, Bryanston Square, W., to Ellen Cecilia Lilian, only daughter of Mr. and Mrs. Thalberg Corbett, of Cowden, Kent.  
CARNARVON-BROWN—KNIGHT.—On November 16th, at St. Mary's, Petworth, by the Rev. J. T. Penrose, Rector, and the Rev. A. J. Rendle (cousin of the bridegroom) and the Rev. W. H. Mainprice, Arthur Carnarvon-Brown, M.R.C.S. (Eng.), L.R.C.P. (Lond.), younger son of the late Charles Brown, of Carnarvon, Bournemouth, and Queensland, and Mrs. Charles Brown, of Bournemouth, to Kathleen Sherwin, only surviving child of A. A. Knight, of Petworth, Sussex. (Indian and Australian papers please copy.)

COPE—NORTON.—At St. Mark's, Kemp Town, Brighton, Ricardo Cope, M.R.C.S., son of the late Ricardo Cope, M.R.C.S., of Deptford and West Tarring, to Ethel Amy, youngest daughter of the late George Norton and Mrs. Norton, of 31, Chichester Place, Kemp Town.

FAVELL—COHAN.—On October 12th, at Christ Church, Linnet Lane, Liverpool, by the Vicar, Rev. Canon Irving, Richard Vernon Favell, M.R.C.S., elder son of Richard and Mrs. Favell, of Brunswick House, Sheffield, to Alice Molyneux, youngest daughter of Edward and Mrs. Cohan, of Wynnstay, Aigburth Drive, Liverpool.

FOWLER—GODDARD.—On November 9th, at St. Martin's Church, Gospel Oak, London, by the Vicar (Rev. Russell) William E. L. Fowler, M.R.C.S. (Eng.), son of the late Capt. C. W. L. Fowler, of Manobier, Tenby, to Anila Beatrice Goddard, daughter of William Goddard, Esq., of Belmont, Tasmania.

HAY—BECK.—On November 12th, at St. Augustine's, Broxbourne, Herts, by the Rev. J. Salwey, M.A., Vicar of the Parish, assisted by the Rev. H. M. West, M.A., and the Rev. H. C. Wright, M.A., of Haileybury College, Kenneth Robert Hay, M.B., of 20, St. James's Place, S.W., third son of the late Alexander S. Hay and Mrs. Alexander Hay, of Sacombe Park, Ware, to Rachel, second daughter of Mr. and Mrs. Ernest Beck, of Sherbourne House, Hoddesdon, Herts.

### Deaths.

BUCK.—On October 27th, at 1, Springfield, Upper Clapton, N.E., Henry John Buck, L.R.C.P. (Edin.), aged 74.  
CLARK.—On November 4th, at Cross Deep, Twickenham, after a few hours' illness, William Thomas Marston Clarke, M.R.C.S., L.R.C.P., D.P.H., second son of the late Alfred Clark, Esq., and of Mrs. Clark, Cross Deep, Twickenham, aged 53.

### Acknowledgments.

*The British Journal of Nursing, The Nursing Times, The Medical Review, The Guy's Hospital Gazette, The Journal of Laryngology, Rhinology, and Otology, The University College Hospital Magazine, E. Merck's Annual Report, School Hygiene, The Cleveland Medical Journal, The St. Thomas's Hospital Gazette, The Student, The Child, The Hospital, Some Hints on the Use of the Sliding Microtome, Le Mois Médical, L'Echo Médical du Nord, Giornale della Reale Società Italiana d'Igiene, National Health, Vicious Circles associated with Disorders of the Urinary Organs.*

### NOTICE.

*All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.*

*All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.*

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# St. Bartholomew's Hospital



## JOURNAL.

VOL. XVIII.—No. 4.]

JANUARY, 1911.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal.

JANUARY 1st, 1911.

"Æquam memento rebus in arduis  
Servare mentem."—Horace, Book ii, Ode iii.

### Calendar.

Sun.,	Jan. 1.—	New Year's Day.
Mon.,	" 2.—	2nd Examination of Society of Apothecaries begins. D.P.H. Conjoint Examination begins.
Tues.,	" 3.—	Dr. Tooth and Mr. Waring on duty. 1st Examination Conjoint Board begins.
Wed.,	" 4.—	1st Examination of Society of Apothecaries begins.
Thurs.,	" 5.—	2nd Examination Conjoint Board begins.
Fri.,	" 6.—	Winter Session resumes. Dr. Thomas Moore and Mr. Bruce Clarke on duty.
Mon.,	" 9.—	Special Lecture. 12.45 p.m. Mr. Eccles. Examination for Matric. (London) begins. Cambridge Lent Term begins. Final Examination Conjoint (Medicine) begins.
Tues.,	" 10.—	Dr. West and Mr. Bowlby on duty.
Wed.,	" 11.—	Clinical Surgery. 12.45 p.m. Mr. Bowlby.
Thurs.,	" 12.—	Final Examination Conjoint (Midwifery) begins. Abernethian Society. Mr. J. Barris. "Caesarian Section."
Fri.,	" 13.—	Final Examination Conjoint (Surgery) begins. Dr. Ormerod and Mr. Lockwood on duty.
Sat.,	" 14.—	Oxford Lent Term begins.
Mon.,	" 16.—	Special Lecture. 12.45 p.m. Mr. Harmer.
Tues.,	" 17.—	Dr. Herringham and Mr. D'Arcy Power on duty.
Wed.,	" 18.—	Clinical Surgery. 12.45 p.m. Mr. Bowlby.
Thurs.,	" 19.—	Abernethian Society. Dr. H. Prichard. "Minor Ailments and their Association with Vascular Disease."
Fri.,	" 20.—	Dr. Tooth and Mr. Waring on duty.
Mon.,	" 23.—	Special Lecture. 12.45 p.m. Mr. Adamson.
Tues.,	" 24.—	Dr. Norman Moore and Mr. Bruce Clarke on duty.
Wed.,	" 25.—	Clinical Surgery. 12.45 p.m. Mr. Waring.
Thurs.,	" 26.—	Abernethian Society. Mr. H. T. Butlin. Mid-Sessional Address.
Fri.,	" 27.—	Dr. West and Mr. Bowlby on duty.
Mon.,	" 30.—	Special Lecture. 12.45 p.m. Mr. West.
Tues.,	" 31.—	Dr. Ormerod and Mr. Lockwood on duty.

### Editorial Notes.



At the moment of writing we are up to the eyes in Christmas preparations of a most complicated nature, and there seems to be no doubt that the Hospital will be as cheerful as ever when the fateful day arrives. The lifts and entrances to wards are plastered profusely with the posters of various troupes of variety artists on tour. These posters show the same ability and originality which has characterised them in previous years, but apparently an even greater number of troupes will be in evidence than usual. Their efforts are sure to be appreciated. Some of the performers have not yet disclosed the particular costume which they will affect, but at least two parties of pierrots and one of goliwogs will be visible. Reports which have not been corroborated state that a certain house-physician will give impersonations of prominent personages, including Mr. Lloyd George and Miss Vesta Tilley, and that the resident surgical staff will be so busy entertaining that their duties will be temporarily taken over by a gentleman kindly supplied by Messrs. Gamage.

The Hospital makes holiday on December 26th and 27th except for urgent cases.

\* \* \*

It is with feelings of deep satisfaction that we realise that at last the din of the "whirlwind" election is over, and we are enabled to greet our political opponents as friends once more.

No longer are our worn-out intellects wracked by the weird and wonderful figures of "latest results," and we rejoice in the peace of Christmas more than ever before.

We hasten to congratulate Dr. Addison on keeping his seat at Hoxton—whatever our political opinions, from what we have heard, we cannot fail to see that he emerged victorious from a clean fight on a straight issue.

We also would like to offer our felicitations to our

Warden on his sporting effort in another part of London, where we hear he carried the majority of two to the poll on the stroke of eight. Result, no change!

\* \* \*

WE suppose that Dr. Addison will in the new Parliament primarily forward the interests of the voters of his own constituency. But though it may be only secondary to his main work, his position as one of the small band of medical men in the House of Commons leads us to hope that he will initiate several of the much-needed reforms in law as it affects the medical practitioner.

It is not difficult to suggest half a dozen improvements we would appreciate; probably every day Dr. Addison has a new suggestion offered as being something that really *should* be seen to; for example why should medical evidence at coroners' courts not be paid for, unless the case happens to be a "b. i. d."? It is almost always with regard to the cases that have actually been under the care of the medical officer concerned—and not merely seen post-mortem—that there is most work needed in preparing the necessary evidence, and yet this work is absolutely unpaid! Most past or present members of the Junior Staff will speak as feelingly as we do ourselves in favour of reform here.

\* \* \*

THOSE members of the Hospital who play fives suffered many disappointments during the summer. On several occasions when they purposed to play the clerk of the weather intervened, and either the game had to be put off or else a singularly poor afternoon's amusement ensued, resulting in all the performers losing their temper and getting very black at the same time. We cannot let this number of the JOURNAL be published without acknowledging our gratitude to Mr. Henry Perrin, one of the Governors of the Hospital, who was kind enough to defray the expenses of roofing the fives court. Thanks to his kindness the court is always fit for play whatever the state of the weather. It is now possible, whenever one has a spare hour and an energetic opponent, to get sufficient exercise in a short afternoon to make one feel very fit (though possibly very stiff) for at least a week. To those whose spare time is limited this is a great advantage, and we cannot thank Mr. Perrin too heartily.

\* \* \*

It is usually our good fortune to be able to chronicle successes in these notes, but on this occasion we have to record a failure, due mainly, we are afraid, to a lamentable lack of keenness in the Bart.'s men.

There is an excellent Rifle Range under the new surgery, and when this was opened there was a flourishing miniature rifle club, composed not only of students but also of members of the staff. The initial keenness, however, soon evaporated,

and lately we have frequently been told that we have been the only visitors to the range for two or three days.

This, of course, led to financial difficulties. These, and the death of Rose, the attendant, from pneumonia a short time ago caused the club to join the Orchestral Section of the Musical Society in oblivion.

A suggestion was put forward that the Students' Union should take over the management of the range. However, it now appears that the Rifle Club intend to try again for another year.

Accordingly a determined effort is to be made, we hear from Mr. Rawling, to revive the club in the New Year; the range will be open for use daily (except Tuesdays, when it will be reserved for the use of Civil Officers of the Hospital, and Saturdays), between the hours of 4 and 6 p.m., and a new attendant has been engaged to look after the range and give instruction to any who may need it.

It is not everyone who can play orchestral instruments, but there is not the slightest reason why everyone should not learn to shoot, and we think it is the duty of every able-bodied Englishman, in spite of the present lamentable lack of patriotism, to make himself as proficient as possible in this respect, if only to protect his own *lares et penates*.

\* \* \*

WE are informed that among the many inconveniences under which our students labour is that of insufficient light in the Museum galleries. May we point out that the institution of St. Bartholomew's Hospital, though founded (so authority states) by Rahere about the year 1100, has demonstrated its ability to move with the times. We should, therefore, have concluded that we are in advance of those days when medicine was associated with bell, book and candle, but for the observation, now only too frequent, of earnest seekers after knowledge striking lucifer matches in a praiseworthy attempt to illuminate simultaneously the dark shadows of their ignorance and the darker shadows of the Museum galleries. We well remember the tale of the candidate who, when visiting the Embankment to dispute with examiners, was provided with no apparatus in order to demonstrate whether a certain swelling was translucent or not, and could obtain no more efficient implement than a common dip. The attempt at diagnosis was fraught with such disastrous consequences to the patient that the candidate was not surprised to be provided with a pink return ticket available for three months; however, at a subsequent visit he had the foresight to provide himself with a small portable electric lamp, which aroused alike the admiration and cupidity of examiner and patient. The admiration of the former was appropriately displayed by the presentation of a diploma, the cupidity of the latter by the disappearance of the lamp.

We have wandered somewhat from the point, but if the first requisite for surgery is a good light, then not less essential is it in order that some of the results of surgery

may be properly examined. The Museum galleries should be better illuminated.

\* \* \*

THE Association football team appear to be strong this year; they should do well in the Inter Hospital Cup-ties. Certainly the team was badly beaten by Ealing in the Amateur Football Association Cup, but it is hardly likely to meet such strong opponents amongst the other Hospitals. In the United Hospital team "Bart.'s" has been strongly represented.

The Rugby XV continues to show prominently; their old enemies, Stratford-on-Avon, were the last to succumb.

The Hockey XI are evidently an improving side; their victory over Berkshire Gentlemen at Reading by 3-2 was particularly notable.

\* \* \*

WE are now able to write of Christmas and its festivities in the past tense, and we can certainly say that it would be difficult to imagine a year when the various gaieties were better or more enjoyable. The opening item of the week-end programme took place on Sunday, when the patients had their Christmas dinner. Very careful must have been the course of training insisted upon by the sisters, judging by the noble way in which the very-ill battled with the turkey and plum-pudding and were not defeated. The great day, however, was Monday; the wards had been elaborately decorated, and all the pianos and gramophones were tuned up for a hard afternoon's work. Entertainments began in some of the wards as early as three o'clock and had scarcely ceased at seven. The programmes for each of the wards were carefully worked out beforehand, and largely owing to the energy of Mr. Donaldson there was no clashing of performances. The shrill cries of the troupe of "Hoarse Chestnuts" did not endeavour to drown the humorous efforts of the "Dotties." Each sang to their allotted wards for the allotted space, and all was harmony (or nearly all). Some of the topical songs were excellent, especially the "Yes, I don't think," of the Light Blue Troupe of Pierrots (D'-cy's Own), and the "Our Firm," of the "Hoarse Chestnuts." The "Golliwogs" wore a terrifyingly realistic costume and gave a very entertaining performance.

In the evening the Junior Staff Dinner was a great success and a large number of speeches were made to an enthusiastic gathering.

Especial mention should be made of the really excellent entertainment given on Tuesday, December 27th, in the out-patient room of the Surgery. It was organised, we understand, by friends of Sister Faith, and was very much appreciated, not only by three or four hundred patients, but also by a large number of nurses and students.

### Our Medical School as I first knew it.

By ALFRED WILLET, F.R.C.S.,  
Consulting Surgeon to the Hospital.



ENTERED at St. Bartholomew's on October 1st, 1857, at the age of twenty. I had previously spent nearly three years as a resident pupil at the Sussex County Hospital, Brighton, and was therefore not a novice in hospital life, as were most of my fellow first-year's students.

The previous year there had been a "bumper" entry, owing to a new regulation of the R.C.S. requiring all students commencing their study after January 1st, 1857, to pass two examinations, the first in anatomy and physiology at the end of their second winter session and the final in surgery at the end of their third year. Previously there had been only the time-honoured single examination in all subjects at the close of the students' curriculum, commonly known as "walking the hospital." The entry of 1857 was therefore a small one, about 65 I believe. With one exception, the "opening day" then did not materially differ from the present; there was the same scanning of new faces by the old, the same gaze on the part of the new men as they forlornly wandered round and round the square at the dressers and clinical clerks hurrying in and out of the entrances to the several blocks of wards, so that it is unnecessary to say more about it. There is not now the same crowding into the wards, particularly into the surgical wards, at 1.30 as there used to be—a crowding so great that the surgeon, notably in the case of Mr. Stanley, was much impeded in moving from bed to bed.

But in 1857, and for about ten years later, on the first day of each October there was one exciting event, the "Opening Lecture," for which the "Old Students' Dinner" in the Great Hall of the Hospital is, by comparison, a very tame affair.

The "Opening Lecture" was delivered in the evening by a member of the staff in the old Anatomical Theatre of those days. For an hour at least previously the students began to assemble. As this, for the second- and third-year students, was the first meeting after the Autumn vacation, lively greetings were interchanged, and later, as from time to time a popular man entered the theatre he would be vociferously welcomed, whilst the appearance of others would be heralded with jocular comments. As soon as the theatre was fairly filled, snatches of popular songs and mild forms of horse-play helped to while away the interval. Indeed, finally a scene almost amounting to pandemonium was reached until at last a subdued hush occurred, as the doors into the well of the theatre were opened and the Staff, usually accompanied by the Treasurer of the Hospital, thronged in and took their allotted places, the lecturer of the day winding up the procession. He would be cheered as he

commenced his address, but was usually listened to attentively, a few running comments of approval or the reverse at any telling points being the only interruptions. The address concluded, the theatre rapidly emptied and quiet was again restored.

Of the many opening addresses I heard, that from the late Sir William Savory was most impressive; delivered extempore without a halt, and never at fault for the right word, he appealed to the best sentiments of the students. I doubt if Sir William's gifts of eloquence were ever more brilliantly displayed. At the request of his colleagues this address was printed, and I trust is still to be found in the Library. The final appeal to those who had that day entered was singularly impressive. The words with which he concluded have remained engraved in my memory. Feeling that the lines he quoted are as appropriate now as then, I venture to give them here:

"Life lies before you,  
A sacred burden is the life ye bear,  
Look at it, lift it, wear it solemnly,  
Stand up and walk under it steadfastly,  
Fail not for sorrow, falter not for sin,  
But onward and upward till the goal ye win,  
God guide ye, and God guard ye on your way,  
Young pilgrim warriors who set forth this day."

Though all St. Bartholomew's men must regret the disappearance of this time-honoured custom at the opening of each succeeding winter session, yet there will be few to call in question the advisability or even the necessity of abandoning the lecture. The result has abundantly proved its wisdom. It is one thing, as at Oxford and Cambridge, conferring degrees at the close of the summer term and at the end of a year's "work" (mark the term) for men leaving the Varsity, some for good and others for the "long," to give a lively exhibition of their successes, but it is a totally different thing to introduce a number of young students, for the most part new to London, to such a rowdy scene as used to take place. Its tendency was to induce them to suppose that such scenes were the ordinary concomitants of a London medical student's life. Lectures were apt to be interrupted, and in one instance weeks elapsed before the lecturers got their classes in order; indeed, it was upon the insistence of the lecturers that the decision to give up the introductory lecture was ultimately taken. The good effect of the change was at once apparent. Each student at once quietly set to work to master the routine of his first winter session. All the lecturers united in praise of the change that had come over the demeanour of their classes.

A brief description of the old school buildings and their surroundings may be of interest. The main entrance to both Hospital and School, indeed, the only entrance for vehicles on the Smithfield side, was the Giltspur Street gate, an erection in strict harmony with King Henry VIII's

gate (known at the time I am writing about as the "Middle Gate," which was used only by persons on foot, chiefly by those going to the Clerk's and Steward's offices, and by out-patients). The Giltspur Street Gate occupied part of the site of the present Library and rooms above it; its approach on the Hospital side is still apparent. In Smithfield it was flanked on either side by small, old houses, Arnold's, the instrument maker's shop, being immediately adjacent on the north and Ferguson's on the south; next to Ferguson's was the window of the Library, and then came a baker's shop, where most of the students lunched.

The old school buildings inside the gate occupied practically the same site as the present, only that they were all on the ground floor.

Coming through the gate from the street, the entrance to the Library lay on the right; it had evidently been converted out of a house, by throwing ground and first floors into one room. It was about fifty feet long by twenty feet in width, and lighted by the large west window, under which was the Librarian's, Mr. Godart's, desk; the Library had a gallery, and the walls, of course, lined with book-shelves. The Abernethian Society held its meetings here. The Library was quite shut off from the School buildings. Next to it was the Medical Theatre, the entrance to which was some fifteen paces down the frontage of these buildings. A doorway led to a staircase which gave access to the theatre—a large, square-shaped room, with benches placed in parallel rows; it had a skylight in the roof. The "well" occupied a large area. Next to this theatre was placed the Museum, the approach to which was by a door some twenty paces from that of the Medical Theatre. This was the entrance for the Anatomical Theatre, the Dissecting Room, and the Museum, and hence was the main entrance. As in the case of the Medical Theatre, access to this theatre was gained by a staircase. This theatre was very deep as well as very steep and of horseshoe shape, and thus well adapted for giving anatomical demonstrations. It was supposed to have been designed by Abernethy. Winding round the outer wall of this building a passage on the right led first to a door opening into the Museum, and, passing this door, to that into the Dissecting Room.

The Museum was far too small and was badly lighted—of course, by a skylight; it had an annexe, chiefly for materia medica exhibits. From this a door led to the Medical Officers' common room, and through this, again, was the lecturers' entrance to the Medical Theatre.

The Dissecting Room lay between the Anatomical and Chemical Theatres—a spacious and well-lighted room. It had a narrow annexe on the Bluecoat School side and would accommodate about fifteen subjects.

The Chemical Theatre remains to-day much as it was fifty years ago. The Practical Chemistry Class-Room was built later, and at the time of which I am writing the Dissecting Room was, in each summer session, given over to

the lecturer on chemistry and fitted up for the practical course. It cannot fail to be noted that no mention has been made of practical physiology teaching. There was none, for at this date it had not occurred to the authorities responsible for the education of London medical students that anything beyond systematic lectures on physiology was required. The same remark applies to pathology, but nevertheless a most attractive demonstration was given by Sir James Paget, the Lecturer on Physiology, every Monday morning throughout the Winter Session, on morbid specimens found during the previous week in the Post-mortem Room. The Anatomical Theatre was always crowded to hear Sir James's discourse by students of every year's standing. The specimens were almost entirely macroscopic, and of some the lecturer would have had only cursory knowledge before commencing his demonstration, yet one and all were treated of exhaustively, and with a lucidity and charm that only those who have had the great privilege of listening to Sir James Paget can appreciate.

From what has been said of the old School buildings, it will be realised that the present, with the exception of the Museum, occupy much the same positions as the old, the space where the old Museum stood being now utilised to provide a larger Anatomical Theatre and Dissecting Room.

The lecturers and other teachers at this period were—on Medicine, Dr. Burrows (later Sir George, Bart.), and Dr. Baly; on Surgery, Mr. Lawrence (later Sir William, Bart.); on Anatomy, Mr. Skey; on Physiology, Mr. Paget (later Sir James, Bart.); on Materia Medica, Dr. Frederick Farre; on Chemistry, Dr. Frankland (later Sir Edward); on Midwifery and Diseases of Women, Dr. Charles West; on Forensic Medicine, Dr. Black; and on Botany, Dr. Kirkes. Mr. Holden and Mr. Savory (later Sir William, Bart.) were the Demonstrators of Anatomy; Mr. Savory also held the post of Tutor; Dr. Martin was the Warden of the College; and Mr. Callender Demonstrator of Morbid Anatomy.

The lecturers on medicine were of dissimilar personality. Dr. Burrows, dignified and authoritative, a clear, concise, and methodical lecturer, if not a very impressive one. Dr. Baly, shy in manner, and inclined to speak under his breath, yet full of sound knowledge and information; everyone felt that everything he said was worth remembering.

The critics used to say that Burrows' lectures were "Watson" digested, but Baly's strictly original. They lectured three times a week during the winter sessions at half-past three. Mr. Lawrence lectured, also, three times a week in the winter at 8 p.m. in the Anatomical Theatre. Advanced in years, the fire and vigour of his early brilliant career were wellnigh lost, so that his lectures had lapsed into a rather monotonous discourse, during which a good deal of subdued disturbance went on. So long as it was not too audible it did not move the lecturer from the even tenour of his discourse, but if it exceeded bounds his

wrathful indignation was roused, and he would let out his rebuke in very strong terms.

Mr. Skey was possessed of a bright, cheery personality, and always had a friendly nod or word for all, the latter it must be said, usually of a bantering nature. His lectures were popular in the double sense of the term, and his audience liked them, for he kept their attention. This was important, as he lectured four times a week at 2.30—rather a sleepy time for those who had done themselves well over their lunch at Gurney's, a public-house at the corner of the Little Britain Gate adjoining the Steward's house, now used as a portion of the Nurses' Home. In his lectures Mr. Skey passed over the "bones" very quickly, as he said he did not consider their teaching a very suitable subject for lecture; a good knowledge of them was only to be acquired by personal familiar study: the bones of the carpus, for instance, should be carried in the pocket, and then at odd times pull one out, settle whether right or left, and put it in position.

Mr. Skey's favourite subject was the muscular system, and he never wearied in discoursing on the faulty and inadequate statements in works on systematic anatomy of the assigned actions of individual muscles; he insisted that little, if any, attention was given to them as "antagonists" and "controllers" of action. The movement of the hand and fingers, for instance, should be studied as a co-ordinated subject, and that it was misleading to say one muscle acted as a flexor and another as an extensor as if there the influence of any muscle in action ended.

Mr. Skey, in his younger days, was devoted to music, and was no mean performer on the violin. Bearing this in mind, Mr. Lawrence once made him a smart *à propos* retort. At a convivial meeting, perhaps at one of the "College Council" dinners, puns on the names of those present were being perpetrated, when Mr. Skey exclaimed that no one could make a pun out of his name; Mr. Lawrence on the instant said, "What, Skey, Skey,—why, fiddle de de."

After what has been already said on Mr. Paget's charming personality as a lecturer on pathology there is no need to add much about those on physiology. Delightful to listen to and easy to follow, because his language was so simple and his delivery so unstudied, his lectures were most keenly appreciated; if, perchance, one had to be absent from one, it left the feeling not merely of a link missed, but of an oratorical treat lost. Mr. Paget greatly added to the clear understanding of the subject in discussion by rapidly produced chalk colour diagrams on the large slate or blackboard. Yet with all his great gifts and influence, for he was the idol of the students, he was the most modest and non-assertive of men; he wished only to do his work quietly and unobtrusively.

As is only to be expected in such cases, he did not escape the spiteful remarks of a few jealous colleagues. One impetuously exclaimed: "I hear of Mr. Paget con-

stantly saying this and doing that; I say, "Damn Mr. Paget." Another, on hearing Mr. Paget say, in his First of October opening lecture, "Be honest and straightforward, never be sly," turned off these lines:

"Gentlemen, never be sly,  
Thus spoke jesuitical Jim;  
But the wild glance of his eye  
Gave the Professor the lie,  
And proclaimed that he oftentimes would trim."

Dr. West was an excellent lecturer, lucid and impressive, with carefully chosen diction, his one defect that he had rather too much of the "pulpit" style of oratory, too unctuous and pedantic. As soon as the lecturer had finished the subject of "Natural Labour," the class were told they might at once have "cases" allotted to them; and so without further instruction or guidance we began to attend confinements, but of course, then, as now, there was the Resident Midwifery Assistant to fall back on.

Medical students never take very kindly to lectures on chemistry; perhaps this is owing to a difficulty they have in seeing exactly where, for instance, a comprehensive knowledge of the metals comes into play in their future careers as medical practitioners; hence it requires a man of exceptional power and qualifications to command the attention of his class. It cannot be said that Dr. Frankland was altogether successful in this. Of a most gentle and amiable disposition, he was too quiet in his ways, and so in conducting experiments he was unable to control the discordant signs of approval or of disapproval at the success or reverse of his experiments.

One turbulent scene is vividly impressed on my memory. Dr. Frankland, after discoursing on the properties of "laughing gas," said that at the conclusion of the lecture there would be a practical demonstration of its effects, which, he added, must take place in the open air. So, armed with bag and mouth-piece, he stationed himself at the foot of the Library steps and invited students to inhale it. Lively sparks, mostly second year men, who had got wind of what was up, saw their opportunity, pushing to the front got first chances, quickly sucking in some ten inspirations. They each in turn rushed off into the Hospital quadrangle, yelling and shouting at the top of their voices; gesticulating and leaping up in the air, they struck dismay into all about the place. What excited my suspicion as to the genuineness of this phenomenon was that the same students came up a second and a third time for more gas, a trick which Dr. Frankland seemed too flurried to notice. After some ten minutes of this scene of uproar, the Treasurer, Mr. Foster White, appeared in a towering rage, and bade Dr. Frankland instantly to cease his demonstration, and begged he would never repeat it.

Of the two Demonstrators of Anatomy, the senior, Mr. Luther Holden, had held office for a much longer period than usual—from ten to fifteen years—and in this time had made

himself the friend of students for as many years as he had taught in "the rooms," which, indeed, seemed to have become almost a home to him. The first to come and the last to leave, he never seemed to tire in helping and encouraging men over their parts; in answering a call for assistance from one or noting the perplexity of another he found full occupation.

Mr. Savory was of a different type; he excelled in set demonstrations, and that on the brain in particular. He would appoint a time, when, surrounded by a large and eager class, he would give a marvellous exhibition of his profound knowledge of, and mastery over the subject. He did not on these occasions put questions; testing students was left chiefly for his tutorial classes. Mr. Callender was the most expert conductor of a *post-mortem* examination that I have ever witnessed.

There were three Smiths in the employ of the School authorities. "Old Smith," as he was styled, a silver-haired, benevolent-looking old man verging on seventy, had charge of the Dissecting Room. He was much liked; he took the money for "Parts," sold boxes for holding the student's dissecting room paraphernalia, and in these and other ways must have made a good income. Under him, and later his successor, was a man, one Thomas Smith, but no relation, I believe. Brusque in manner, he was given to assuming a familiar tone, which, of course, was highly objectionable and greatly resented by most. In the Museum was a son of "Old Smith," "George," the working curator.

I qualified in 1859 (whilst still one of Mr. Stanley's dressers), my residence at the Brighton Hospital counting towards my three years' hospital practice.

Early in 1860 I was "writing" for Dr. Baly in the Medical Out-patient Room when one morning, calling me into the back room, he said he was looking for someone to go to the assistance of a much overworked country practitioner, whose senior partner was ill with pneumonia. I accepted the offer, and thus brought my student's days to a close. In conclusion, I would add that Mr. Wormald told me many of the anecdotes given in this article.

### Correspondence.

To the Editor of the *St. Bartholomew's Hospital Journal*.

DEAR SIR,—May I add to the "Medical Aphorisms" in this month's *JOURNAL*: "In touching the eye, always use the elbow."

Yours faithfully,

E. M. STONE,  
Almoner.

ST. BARTHOLOMEW'S HOSPITAL, E.C.,  
December 8th, 1910.

### On the Importance of Pathological Examinations in connection with Surgical Operations.

By THOMAS J. HORDER, M.D., F.R.C.P.

IT is to the special scrutiny of materials derived from the patient, rather than to the clinical examination of the patient himself, that most of the advances made in medicine during the past twenty years are due. At no time in the investigation of the nature of a patient's illness and its appropriate treatment is this special scrutiny of materials so imperative as during surgical operations. And, for reasons which will be detailed later, it matters not whether the case submitted to surgical interference be considered a simple one, and giving a clear indication for some definite operative measure, or whether it be admittedly obscure, and demanding a good deal of careful thought as to the best mode of procedure at the time the operation is undertaken: in all cases it is well that the surgeon's method of work should include a routine investigation of whatever pathological materials are available. As to what materials will best repay such investigation, and as to how the investigation should be pursued, it may be that a rapid consultation between the surgeon and the clinical pathologist is of distinct service. If the case is one in which the physician is immediately interested, a consultation between physician and surgeon in the operating theatre should prove of much benefit. This holds especially in those cases, often offering points of considerable difficulty, in which the physician has previously had the main interest, and concerning which he has already availed himself of the surgeon's opinion.

Such consultations in the operating theatre are not, of course, uncommon, but they should be much more frequent than they are. In a large number of cases the successful treatment of the patient by modern methods depends upon a systematic collaboration between physician and surgeon; and this collaboration reaches its point of maximum usefulness, not at the time an operation is decided upon, but whilst the operation is actually being performed. That old and rigid distinction between "medical cases" and "surgical cases" cannot, in the best interests of the patient, be defended. Many cases are neither medical nor surgical,—they are both. Moreover, it must be remembered in this connection that at the time of operation a very different state of things may be found from that which was anticipated, complete unanimity between the opinions of surgeon and physician notwithstanding. Cases of quite common diseases are capable of showing endless variations in the extent and character of the primary lesion and of the associated defects.

In the matter of immediate pathological investigation at

the time of operation a good deal has already been done. A demonstrator of pathology is very often asked to attend at the operating theatre at the Hospital to cut a "fresh section" of a tumour of doubtful nature, and his report guides the surgeon in the choice of operative procedures. And many careful surgeons pursue the same admirable course in the conduct of their private work. Instances of the value of "fresh section" work are well shown in a recent paper by Dr. Ernest Shaw,\* one of the earliest exponents of the method. But this immediate pathological work at the time of operation is at present only histological. The help of a skilled bacteriologist in similar circumstances would often be of equally great benefit, so that the evolution of this idea may shortly result in the regular attendance of the clinical pathologist at the operating theatre, prepared to give an expert report upon all material submitted to him which lends itself to rapid examination.

In the majority of operations, however, there is no need for immediate pathological examination; the operative procedure can be properly determined by the surgeon's experience and by the naked-eye appearances. All that is necessary in these cases is that the morbid material removed, whether an organ, a tumour, the contents of an abscess or a cyst, an inflammatory effusion, etc., should be carefully examined in a routine manner. No exception should be made to this rule.

So much for preface. The reasons for regarding the routine pathological examination of all materials rendered available by operative measures as of vital importance to the patient may be summarised under four heads. And it is not difficult to quote instances illustrating each.

1. *The nature of the disease-process may not be ascertainable with certainty by the unaided senses at the time of the operation. Confirmation (or otherwise) of the opinion formed by the surgeon should in these circumstances always be undertaken by means of pathological investigation.*

The immediate histological examination of tumours comes under this heading. Many cases offering considerable difficulty in diagnosis prior to the operation also illustrate this point. Two of these may perhaps be quoted.

CASE I.—A man, *æt.* 48, was admitted to the Great Northern Hospital on account of pain after food, flatulence, and loss of flesh and energy. On examination an area of tenderness to palpation was found in the epigastrium, just to the left of the middle line, and the left rectus abdominis muscle was found to be held rigid at its upper part. No tumour could be felt and there were no enlarged glands to be made out. Examination of the blood showed a moderate degree of *anæmia* of the "secondary" kind. The investigation of the gastric contents after a test-meal revealed excess of hydrochloric acid and good ferment activity, so that the investigator reported that the nature of the lesion was probably a simple ulcer. The patient was treated by com-

\* *The Lancet*, September 24th, 1910.

plete rest, a milk diet and a mixture of bismuth and alkalis with occasional saline aperients. There was very little relief to the symptoms, and the man continued to lose flesh whilst under observation. It was therefore decided to examine the stomach by means of a laparotomy, and to deal with whatever condition was present surgically. The stomach was found to be of natural size and thickness and to be free from adhesions. Situated on the lesser curvature and a little anteriorly there was a circular plaque-like thickening of the wall of the organ, about the size of a penny, without induration at its edge. After careful examination of this lesion the surgeon unhesitatingly pronounced it to be a chronic simple ulcer, and suggested that it should be treated by a posterior gastro-enterostomy. As, however, the condition was suspected before operation to be malignant, the surgeon's attention was directed to any enlarged glands that might be present. It was only after some search that a small gland, measuring about half an inch in length, was found in the gastro-hepatic omentum, looking rather pale and feeling firm. It was removed, and on section a minute pearly white area could just be seen at the centre of the gland by the naked eye. One half of the gland was therefore taken at once to the pathological laboratory and a fresh section was cut; this showed the undoubted histological characters of a columnar-celled carcinoma.

So certain did the surgeon feel, however, that the ulcer was simple, that by the time the report of the section was forthcoming the gastro-enterostomy was finished and the peritoneum was being stitched up. The patient made a good recovery from the operation and behaved just as a patient does who, suffering from a chronic simple ulcer of the stomach with pyloric obstruction, gets rapidly well after his short circuit has been established; this man had gained two stones in weight, had completely recovered a normal blood-count, had lost all his dyspepsia, and was asking to go back to work two months after his operation. So that, but for the small gland that had been submitted to microscopic examination, no one would have suspected that the man still had a malignant ulcer in his stomach. It was with some difficulty that the patient was then persuaded to submit to a second operation, at which the malignant ulcer was completely excised. The recovery was again extremely good and the man returned to work feeling very well, only to fall back again gradually into his former condition, however, with the additional development of a rapidly increasing tumour in the epigastrium.

CASE 2.—A clergyman, *æt.* 58, was seen in consultation because he was suffering from jaundice, loss of flesh, enlargement of the liver, and slight fever. The jaundice had developed gradually and had been present for a month. There had been no pain at any time. The liver was uniformly enlarged, was hard, and though very slightly irregular on the surface when carefully examined, was free from large nodules. No

enlarged glands could be found, and the rectum seemed natural to digital examination. A few days after the first consultation slight shivering occurred and the temperature rose to 102° F. The gall-bladder could not be felt with any certainty. There was a clear history of a brief attack of jaundice twelve months earlier, from which complete recovery occurred. The patient was a heavy man, inclined to obesity, and was known to be a "free liver." It was considered that the condition might well be one of cholecystitis with cirrhosis, though the possibility of malignant disease being present in addition was obviously not to be excluded. An exploratory laparotomy was decided upon. The right lobe of the liver being exposed to view, the surgeon drew attention to a number of pinkish-white nodules, not larger than split-peas, showing up in marked contrast against the background of dark-coloured liver tissue. These were regarded by the surgeon as being small nodules of secondary growth. The pancreas was palpated and was declared to be very hard and nodular; it was therefore considered to be the seat of a primary carcinoma. Despite the grave fears entertained on account of these two observations, however, the surgeon was persuaded to excise the largest of the liver nodules presenting at the wound, and also to open the gall-bladder and to drain it. The gall-bladder, which was not enlarged, contained a thin, pale-coloured fluid, almost free from bile, and a good deal of biliary sand. Some of the fluid was received into a sterile test-tube. This fluid was found to be in reality very thin pus, and it gave on culture a copious growth of *Bacillus coli* and *Streptococcus brevis*. The small nodule showed on section the structure of a small inflammatory focus lying in cirrhotic liver-tissue. The patient made a good and complete recovery, assisted by a few doses of vaccine made from the mixed growth obtained from the gall-bladder fluid. The case was evidently one of cholecystitis and chronic pancreatitis, complicating cirrhosis of the liver. Had the abdomen been closed, as was at first intended by the surgeon, without draining the gall-bladder empyema, the result must have been very different.

A third case may be mentioned, because it illustrates the delay and difficulty incurred by neglect of this principle:

CASE 3.—A gentleman, *æt.* 50, came under observation on account of painful defæcation. On examination he was found to have a small ulcer just inside the anal sphincter. He was given an anæsthetic and this small ulcer was excised. It had none of the characters of a malignant ulcer. The day following the operation the temperature rose, and it continued to rise each day for ten days, the chart showing a fairly regular and intermitting fever, morning and evening records averaging about 98° and 102° F. During this time the rectum was very tender and the patient lost flesh. No physical signs of disease could be found in the chest or abdomen. The leucocyte count varied between 10,000 and 14,000. No histological or other examination had

been made of the portion of excised tissue. As nothing amiss could be discovered elsewhere it was decided to examine the rectum again. This entailed a general anæsthetic. A good deal of decomposing blood-clot was discovered *in situ* in the bowel and this was cleared away. Beneath it the wound of the operation was found practically unhealed. This examination was followed by slight amelioration of the fever and general condition, but after a couple of days the temperature resumed its former character and preserved it for another fortnight, the patient losing ground meanwhile. A third anæsthetic was then given, and a thorough inspection made of the diseased area. A good deal of ulceration was found, and a piece of tissue removed for examination histologically proved to be tuberculous.

In this case an initial histological examination of the excised ulcer would have probably settled the diagnosis, and treatment of the appropriate kind might have been begun at once, avoiding the undesirable detention of a tuberculous patient in a nursing home, and two additional anæsthetics. Or, better still, a minute piece of the diseased mucosa might have been submitted for examination before any operation was decided upon.

II. *The nature of the disease-process may be sufficiently obvious at the time of the operation, and its radical cure may be successfully undertaken. But the further history of the case may not be one of uninterrupted convalescence. Complications may ensue, and much light may be thrown upon these by the examination of materials obtained during the operation.*

The following two cases sufficiently illustrate this point:

CASE 4.—A girl, *æt.* 13, with an elder sister, developed an acute sore throat and earache. The elder patient got well, but the younger developed acute otitis media and mastoiditis. This condition was treated surgically, the mastoid cells being carefully cleared out and free drainage established. The temperature fell after the operation, but did not remain normal, being raised irregularly for ten days, during which the child's general condition was fairly good. At the end of this period the temperature rose rapidly to 103° F., and there was severe headache and pains in the neck. A more extensive operation was at once performed; the dura mater and the lateral sinus were both exposed and scrutinised, but without finding a cause for the recrudescence of fever. This exploration entailed over an hour's anæsthesia, and was followed by a good deal of vomiting. The temperature fell next day, but rose again on the third day and remained high afterwards, making it fairly certain that the cause of the fever had not been removed at the time of the second operation. A week later, the child continuing ill, an anæsthetic was given and a lumbar puncture performed. A large quantity of turbid fluid was drawn off, existing under increased pressure. On examination later the fluid was found to contain streptococci in long chains and a

good many pus-cells. Whilst the child was under the anæsthetic it was decided, after seeing the lumbar puncture fluid, to drain the subdural space where this had been exposed by the previous operation; the dura was therefore incised, and a tube was inserted. Drainage took place fairly freely at this place, and it was supplemented by another lumbar puncture three days later. The child remained in good condition after the dura was drained, and at first there seemed hopes of recovery, but she became comatose a week later and died. No doubt the cause of the abrupt rise of temperature ten days after the first operation was the development of meningitis; even so, the child lived with this grave complication a full fortnight.

There were two points at least in the course of this serious illness at which pathological examination of materials provided by the patient would have rendered considerable assistance, not only in diagnosis, but also in treatment: (1) At the first operation an examination of the infected area bacteriologically would have revealed the presence of *Streptococcus pyogenes*. The nature of the infection would thus have been known, and a vaccine might easily have been prepared for use when it was found that the temperature did not fall satisfactorily. It is well known that, in such a case as this a single small dose of autogenous vaccine will sometimes determine the resolution of the local inflammation which smoulders after the surgeon's work has been done. (2) At the time of the second operation the surgeon's failure to find an adequate cause for the exacerbation of fever and for the headache gave a clear indication for a lumbar puncture, which could easily have been done whilst the child was under the anæsthetic. The diagnosis of meningitis would then have been made a week earlier than was the case, and the drainage might have been begun whilst the condition was as yet quite localised.

CASE 5.—A gentleman, *æt.* 42, developed an attack of acute appendicitis, for which an operation was undertaken upon the fifth day of the disease. At the time of the operation the cæcum and ascending colon were noted by the surgeon to be much inflamed and a good deal thickened. The appendix was not examined pathologically. The operation wound healed well, but the temperature did not fall; indeed, after a few days it rose to 102°-3° F., and took on an intermitting character. A leucocyte count of 20,000-30,000 was present on the several occasions that the blood was examined. Jaundice appeared on the tenth day after the operation, and the patient became wasted and more ill. On the twentieth day the liver was found to be slightly enlarged. At the end of the sixth week a definite lump could be felt on the anterior surface of the right lobe; the intermittent fever, the wasting, and the leucocytosis were as before. The small lump in the liver was explored and found to be an abscess, containing a very little pus. No other collection of pus could be found by careful examination. Examination of the pus revealed the presence of a

streptothrix, together with a white staphylococcus. By this time the patient was moribund, and he died nine weeks after his first operation. The suggestion is that this was a case of actinomycosis of the appendix (? and cæcum) followed by streptothrix portal pyæmia, a condition which could not possibly be suspected in the absence of examination of the removed appendix.

III. *Pathological examination of material undertaken as a preliminary measure may lead the surgeon to desist altogether from an intended operation, either on account of undue risk involved to the patient, or because it becomes obvious that the planned operation will not cure the disease.*

The investigation of the functions of each kidney as a preliminary to the removal of, or interference with, one of these organs, comes under this heading. The following case illustrates the point:

CASE 6.—A lady, æt. 42, was sent home by her doctor from New Zealand for surgical treatment on account of long-standing pyuria, associated with periodic slight fever, with shivering and malaise. A consultation was held, and it was considered advisable to remove the right kidney, which, being much enlarged and tender, was regarded as being probably pyonephrotic. It was, however, first of all decided to examine the condition of each kidney separately under an anæsthetic. An hour before the anæsthetic was given a subcutaneous injection of methylene-blue was administered. The urine from each kidney was separated by means of Luy's apparatus. To the surprise of the observers it was found that in the course of half an hour the *right* kidney, suspected of being the source of the pus, secreted only 2 c.c. of quite clear and colourless urine, containing no pus and an amount of urea so low as to be scarcely estimable, whereas the *left* kidney produced in the same time 10 c.c. of turbid blue urine, highly purulent, and yielding 1.8 per cent. of urea. In these circumstances it was obvious that no surgical interference could be seriously considered; the large right kidney was practically functionless (? hydronephrotic), and the patient could not possibly benefit by its removal; the left kidney, though it was the source of the pus, was adequate as a secreting organ and must not be touched. Treatment was undertaken on general medical lines and great improvement followed.

IV. *Material obtained at the time of operation may be valuable for the preparation of specific remedies to be used in the further treatment of the case.*

All instances of successful autogenous vaccine therapy undertaken after operations are, of course, evidence of the truth of this statement. The examination of pus and inflammatory exudates of all kinds should never be omitted, because there may later on be a definite indication in any particular case for the employment of vaccines. Incidentally Cases 2, 5, and especially 4, illustrate the same point.

### A Case of Strangulation of the Pelvic Colon in a Right Femoral Hernia.

By C. HAMILTON WHITEFORD, M.R.C.S., L.R.C.P.

THE patient, aged 75, was the widow of a medical man. Her organs were sound, with the exception of the heart, which intermitted twice or thrice per minute.

*Previous history.*—Six years ago "peritonitis" for three weeks; two months ago vomiting and indigestion, lasting one month and relieved by medical treatment. For the last ten years a small, oblong swelling has existed in the fold of the right groin. Constipation has been present for years and has been treated by glycerine suppositories. Two days ago, after prolonged work, which involved frequent stooping, the right groin became painful and swollen.

*Present condition.*—Seen on August 26th, 1910. In the right groin, chiefly below Poupart's ligament, was a swelling, four inches by two, inflamed, tender, and resonant on percussion. No impulse; no sickness; pulse 100; temperature 101° F. Since the onset of pain two days ago frequent small loose motions had been passed.

*Operation* performed seventy-two hours after onset of pain and swelling. A four-inch incision in the long axis of the tumour exposed subcutaneous tissues, œdematous and filled with gas, the smell of which resembled the odour of ordinary faeces rather than that usually associated with an infection by the *Bacillus coli communis*, such as is found in an appendix abscess. The sac was very thickened, and contained 1½ oz. of deeply blood-stained and stinking fluid. Projecting for one and a half inches from the femoral canal was a portion of large intestine bearing appendices epiploicæ. The intestine and its appendices were purple and boggy from infiltration with blood. Apparently only a portion of the circumference of the bowel was involved in the hernia. The intestine was incised, only gas being evacuated. The sac was left *in situ* and packed with gauze. A four-inch vertical incision was made over the centre of the right lower rectus, the fibres of which were separated, and the peritoneum opened. A piece of pelvic colon presented, distended by gas only. Further search demonstrated, to the inner side of this distended coil, a second piece of pelvic colon, also distended, but containing, in addition to gas, numerous scybala. On tracing these portions of intestine down to the femoral canal, the coil, distended by gas only, proved to be the efferent portion, and the coil distended by gas and scybala the afferent. The afferent coil was fixed, by a Ward's "mattress" suture, in the lower part of the abdominal incision.

*After-history.*—Ten hours after operation the above coil

was opened and a large Paul's tube tied in. Flatus, but very little faeces, escaped, the opening becoming blocked by scybala, of almost stony hardness, large numbers of which were, in the course of the following week, removed by enemata and forceps. The bacteria-laden tissues sloughed freely. Six weeks after operation the excess of protruding intestine was removed by the cautery.

Ten weeks after operation the patient returned home, completely healed, wearing a Paul's aluminium colostomy plug, with a large flange, 4 by 3 in., kept in place by an abdominal belt.

*Remarks.*—The sigmoid flexure is now usually subdivided into the iliac colon, which extends from the level of the iliac crest to the brim of the pelvis, and the pelvic colon, extending from the brim of the pelvis, in a loop averaging sixteen inches in length, to the level of the third piece of the sacrum in the middle line ('Gray's Anatomy,' 1909).

The occurrence of pelvic colon, as the sole occupant of a right femoral hernia, appears to be a condition of considerable rarity.

In the above case it is probable that it was a portion of the circumference or a sacculus, rather than the whole circumference of bowel which was involved in the hernia, a Richter hernia or partial enterocele of the large bowel.

Involvement of a sacculus or portion only of the bowel's circumference would explain both the long-standing constipation and the passage of many small loose motions after strangulation had taken place.

Any attempt to drain the intestine *via* the femoral canal would have been unsatisfactory, and, in view of the presence of many large stony scybala, foredoomed to failure.

Short-circuiting the two limbs of pelvic colon was contraindicated by the condition of the patient.

In this, as in other drainage operations for relief of obstruction, the fact that a coil is distended is no evidence that this coil is situated above the obstruction.

It is by no means infrequent to find a coil *below* the obstruction distended by gas.

A coil above the obstruction is not only distended by gas but also contains faeces.

In a patient of ordinary age, with a sound heart, a further operation to restore the continuity of the intestinal tract by side to side sigmoido-sigmoidostomy would be indicated.

In the above case, the patient being comfortable and happy in her present condition and being seventy-five years of age, with a heart functioning imperfectly, no further operation is proposed.

### An Unusual Case of Intestinal Obstruction.

By E. A. WRIGHT, M.B., B.C.(Cantab.), D.P.H.



W., an unmarried girl, aged 21, was admitted to the Romford Cottage Hospital on October 13th, 1910. She complained of abdominal pain and vomiting, and stated that the bowels had not acted for several days in spite of repeated injections.

On examination the patient presented a pale sallow appearance. Tongue-moist and clean; pulse 116, temperature 97.5° F., respirations 24 to the minute.

Heart and lungs were normal.

Abdominal examination revealed the presence of a hard rounded lump in the right epigastric region about the size of an orange. This was tender to deep pressure and did not move with respiration. There was a considerable amount of distension.

*Per rectum* a small, hard, moveable mass was felt.

The patient gave a history of a similar attack a year ago which was relieved by enemata. She also stated that she had suffered from constipation with frequent attacks of vomiting for some years, and had been under treatment at a London hospital for indigestion.

A diagnosis of faecal impaction was made; hot poultices to the abdomen, oil and soap enemata and subcutaneous injections of atropine sulphate were tried.

During the first twenty-four hours of this treatment the patient's condition improved; the vomiting ceased, and the pulse-rate dropped to 108, the temperature remaining normal. No action of the bowels was obtained. There was no increase in the amount of distension.

On October 16th the vomiting recommenced and the pulse-rate rose to 120. Eserine sulphate gr.  $\frac{1}{2}$ , was given subcutaneously, and the faradic current applied to the abdomen. No relief was obtained from this treatment, and on October 17th the patient's condition became much worse, and laparotomy was decided on.

The abdomen was opened by a four-inch-long incision one inch to the right of the middle line. A coil of distended small intestine and a portion of omentum at once protruded through the wound.

The lump previously felt was examined by the hand and found to be hard, smooth, and rounded, and to extend a considerable distance upwards and to the left.

The abdominal incision was enlarged and the cause of the obstruction in the intestine sought for. A firm lump three to four inches long was found completely blocking the lumen of the small intestine; beyond this point the intestines, both large and small, were quite empty.

The peritoneal cavity was shut off by packing and the

small intestine opened, and the obstructing mass found to consist of hair tightly matted together. This was removed and the intestinal wound closed by Lembert's suture.

The other lump was next examined and found to be in the stomach, which organ it completely filled.

The stomach was opened by an incision about  $3\frac{1}{2}$  in. long in the anterior wall, and the mass removed with some difficulty. This also was found to consist of an enormous mass of hair tightly matted into a hard ball, which was subsequently found to have the following dimensions: Weight, 2 lb. 12 $\frac{1}{4}$  oz.; length, 11 $\frac{1}{4}$  in.; circumference, 10 $\frac{1}{2}$  in. The wound in the stomach was treated in a similar manner to that of the intestine, and the peritoneal cavity irrigated with warm saline solution, and a quantity left in.

The abdomen was closed, one layer of sutures being used for peritoneal and muscular layers owing to the gravity of the patient's condition.

The patient rallied well from the operation, and her condition the following day was much improved. All vomiting had ceased, and the bowels were acting copiously. The pulse-rate continued high.

Owing to severe diarrhoea with frequent and very offensive stools it was impossible to feed *per rectum*, and the patient becoming dangerously exhausted, feeds of peptonised milk were started by the mouth on the third day after the operation. This was followed by a temporary improvement, but the diarrhoea returned with increasing severity, and continued in spite of all treatment till death occurred on October 23rd, six days after the operation.

The case seems to be an interesting one for several reasons:


(1) Although hair masses in the stomach have been fairly frequently described, as a cause of intestinal obstruction they are rare.

(2) The enormous size of the mass in the stomach with the comparatively slight symptoms to which it gave rise.

(3) The mental condition of the patient.

A large proportion of the cases described have been in lunatics. This patient was a bright, intelligent girl with no history of hysterical attacks. Her relations, however, say that for many years she had been in the habit of pulling and biting at her hair when reading or when her attention was otherwise occupied, showing that the habit had become an unconscious one.

### The Origin of the Dental Department of St. Bartholomew's Hospital.

HE Annual Meeting of the Metropolitan Branch of the British Dental Association was held in the School buildings of St. Bartholomew's, by permission of the School and Hospital authorities, on the evening of December 7th, 1910. Mr. W. B. Paterson, our Senior Dental Surgeon, who is President-elect of the Association, presided, and delivered an address, in the course of which he described the origin of the Dental Department of the Hospital.

It appears that until the year 1837 no special provision was made for the dental treatment of the patients attending the Hospital. All dental cases were attended to by the Apothecary or the House-Surgeons and their dressers. The office of Apothecary, which dated from mediæval times, was last held by Mr. Wood, who died some four or five years ago at a very advanced age, and had retired from practice long before the advent of any member of the present Hospital staff. Mr. Paterson stated that he had it on the authority of Mr. T. A. Rogers, the son of the first dentist appointed to the Hospital, who is still in the enjoyment of good health at the age of eighty six, and a Governor of the Hospital, that Mr. Wood was a skilful operator in the extraction of teeth by means of the "Key," and a final resource to the resident staff in cases of difficulty or dental operation mishaps. Mr. Wood's "Key," with its well-stained ivory handle and bunch of steel tooth claws, rested for many years in an old wooden fitted instrument box in the old Dental Department, together with several heavy and clumsily fashioned forceps, which, from their blacksmith pincer-like appearance, doubtless contributed considerably in their day to the glorious uncertainty of dental extractions. All, however, were swept away during the transference of the Department to its new quarters.

The story of the origin of the Dental Department, as told by Mr. Rogers, who had often heard it from his father, was as follows: Mr. Stanley had a patient in the Hospital with supposed malignant disease of the jaw, and after a consultation with his colleagues he had decided upon the operation of excision. In the course of his progress round the wards it came to his ears that a former dresser of his, a Mr. Arnold Rogers, who had recently qualified as M.R.C.S., had examined the case, and had openly expressed the opinion that the swelling of the jaw and subjacent glands was caused by dental disease. Mr. Stanley returned to the case, and before his following of students asked Mr. Rogers for his diagnosis, and, after hearing it, observed sarcastically that he would not think of operating himself until Mr. Rogers had been given an opportunity of proving the correctness of his dental diagnosis. Mr. Rogers, who was

privately practising as a dentist at the time, nothing daunted, undertook the extraction of the carious teeth and roots which he regarded as the cause of the disease, and in the course of a week or so the swelling and induration entirely disappeared.

So impressed was Mr. Stanley that he brought the matter to the notice of his medical and surgical colleagues, and as a result they presented a report to the Governors on March 14th, 1837, recommending the establishment of a Dental Department, and suggesting the appointment of Mr. Arnold Rogers to superintend it.

On April 11th, 1837, the Governors appointed Mr. Arnold Rogers, M.R.C.S., Dentist to the Hospital. This office was held by him until 1849, when the cares of a large practice led him to resign it. Mr. Rogers was a man of many attainments, and took a keen interest in the progress and development of his profession. He helped to found the Dental Hospital of London. He became the first Dental Examiner appointed to conduct the examination for the dental licence of the Royal College of Surgeons of England, of which College he afterwards was made a Fellow. He was an early President of the Odontological Society, and the author of the first paper read before it. Upon the acceptance of his resignation he was made Consulting Dental Surgeon to the Hospital, an office he held until his death, at the age of 71, in 1870.

Mr. Tracy, M.R.C.S., succeeded him. In 1867 he retired into the country, where he lived until his death, in 1871. Mr. Alfred Coleman, F.R.C.S., L.D.S., became the next Dental Surgeon.

In 1879 the Dental Department was re-organised; hitherto it was only open on one morning in the week, it now opened on two, and the staff was increased by the appointment of two assistant dental surgeons. Mr. Coleman resigned his office in 1884 through ill-health, and left the country to reside in New Zealand. He returned, however, with restored health in 1886, and became a Governor of the Hospital. He was chosen in 1894 one of the Almoners. He died in 1902. Since his time the Department has been served by Messrs. Lyons, Ewbank, Mackrell, Ackery, Read, and the present staff; and all of those whose names have been mentioned, with the exception of Mr. Ewbank, have died.

In the further course of his address the work of the Department was described by the President, who incidentally alluded to the dental inspection and treatment of the crew of Captain Scott's "Terra Nova," now on its voyage to the Antarctic regions, which had been carried out in the Department during the year. A reference was also made to the dental teaching work in the Medical School, whereby exceptional opportunities are afforded to Bart's men for the acquirement of a knowledge of the elements of dental surgery by the special classes for surgical dressers held every three months, as well as the practical teaching in the

dental casualty room in the surgery, whilst for those who contemplated entering the Army or Navy or Indian Medical Services, dresserships in the Dental Department were especially recommended, and were open and free to all students of the Hospital.

At the conclusion of the address in the theatre the members visited the Dental Department, and were shown several interesting cases by the President and Mr. F. Coleman. Afterwards they were conducted to the Great Hall, the Pathological Laboratories, the Museum, and finally to the Library, where a conversazione was held.

### The Clubs.

#### SPORTS NOTES.

THE first half of the season is almost over and we can look back and say that it has been very satisfactory. There has been considerable keenness shown all round, as the results of the matches testify. The Hockey Club have been most handicapped in this respect, but one hears that the best team is to turn out regularly next term and that the best team will be a very good one indeed, and likely to go far in the Inter-Hospital Competition. The Association team has an unbeaten record so far, and although some of the teams played have been rather weak, when necessary the side has played very good football indeed.

A great effort is to be made this year to win the Inter-Hospital Cup, and with this object in view we entered for the A.F.A. Cup, the Middlesex Cup, as well as the University Cup, of which we are the holders. Against the Aquarius Football Club we got some very good cup-tie experience in two games, in the second of which we defeated them 3-1.

The Rugby team, although not so successful as last year, look like making a very good show in the cup competition.

#### ASSOCIATION FOOTBALL CLUB.

##### ST. BART'S v. PHILISTINES.

Played at Winchmore November 30th. Bart's fairly pulled the game out of the fire, for after being down 0-3, they eventually won 4-3.

Playing up hill to start with, the Philistines scored 2 goals in the first half. After changing ends they soon scored again, but after that their forwards were unable to do anything, and for the last twenty minutes the ball was constantly in the circle. Brash scored all 4 goals, and if our shooting had been better our score would have been greater, as they were playing without a goal-keeper. Brash, Hughes and Turner were all good, but the last two were very erratic in their shooting. Ackland was useful at back, and when quite fit should be a valuable addition to the team. Team:

P. U. Mauer (goal); G. Ackland, S. R. E. Davies (backs); C. Weller, J. Hepper, J. Nicholson (halves); J. Harris, H. Hughes, J. Brash, R. G. Turner, and R. F. Lewis (forwards).

## A.F.A. SENIOR CUP COMPETITION.

## ST. BART'S HOSPITAL v. AQUARIUS.

Result: First game, pointless draw. Replay: Bart's 3 goals, Aquarius 1 goal.

The first of these two games was played at Winchmore Hill on November 19th. The Hospital had, if anything, the better of the game, but the day and condition of the ground was unfavourable to any good form, and a pointless draw was the result.

The re-play took place on November 26th at Honor Oak—our opponents' ground—and resulted, as stated above, in a win for us by 3 goals to 1. Norman was absent owing to ill-health, and Soutter took his place at left back, but was unfortunate enough to hurt his foot again, which put him out of action more or less in the second half.

The day was dry and the ground in fair condition, being extremely level. Bart's commenced to press from the start, but the ball was soon returned to our half, and our opponents were very dangerous and had their fair share of a very open twenty minutes' play, during which both Brock and the Aquarius goal-keeper had to exert themselves. Some ten minutes before half-time, from a cleared corner in our half, Dyas got the ball, and, after some smart manoeuvring, scored the first point of these two games with a splendidly placed shot, which entirely beat their custodian and was awarded with much applause. Our opponents pressed hard after this, but we were equal to the occasion and managed to cross over at half-time with the score 1-0 in our favour. From the kick-off after the interval Bart's soon had the ball in their goal mouth, and after some back and forward play Jamieson scored our second point with a very neat shot. This was soon followed by another, scored by Waugh, making the score 3-0 in our favour. At this point Soutter was disabled and Wippell was placed at left back. Our opponents pressed us very hard, and after several attempts, but partly owing to a mistake, scored their only point shortly before time. Several chances were forthcoming for us to increase our lead but nothing was made of them, and the game ended as previously stated. Dyas, With and Rimington are worthy of mention. Barrow at inside left played a hard and plucky game. We are drawn against Ealing, at Ealing, in the first round of the competition proper. Team:

E. A. Brock (goal); J. S. Soutter, H. Rimington (backs); C. R. Taylor, G. E. Dyas, P. A. With (halves); W. C. Dale, R. M. Barrow, A. J. Waugh, G. D. Jamieson, and W. P. Wippell (forwards).

## LONDON UNIVERSITY CUP.

## First round.

## ST. BART'S (holders) v. KING'S COLLEGE.

Result: Bart's 14 goals, King's College 1 goal.

In this match, played at Winchmore Hill on Saturday, December 10th, the Hospital had a field day as regards points, Waugh scoring 7, Barrow 4, and Jamieson 3. The ground was in a very bad state, especially at the pavilion end, and the weather was in its usual inclement state. Bart's pressed from the first, and our defence was never really called upon to do any serious work, and half-time came with the score at 4 goals to nil for us, in spite of a fair defence on the part of the King's pair. In the second half, however, their defence collapsed, Waugh adding five further points, Barrow scoring several times, and Jamieson completing his hat-trick. Towards the end King's scored their only point by a well-placed shot at close quarters. Team:

E. A. Brock (goal); J. W. Stretton, H. Rimington (backs); C. R. Taylor, G. E. Dyas, P. A. With (halves); W. C. Dale, R. M. Barrow, A. J. Waugh, G. N. Jamieson, W. P. Wippell (forwards).

## RUGBY FOOTBALL CLUB.

## ST. BART'S R.F.C. v. STRATFORD.

Played at Stratford on December 10th. A good game resulted in a win for us by 5 points to 3. Stratford scored first from a forward rush, the kick failing. After this we pressed, and from a long kick by Robbins, Ferguson, following up, scored. Neal kicked a good goal from wide out. Neal should have scored again soon after, but when running behind the posts the ball appeared to slip from his hands, and Stratford touched down. Half-time: Bart's 5, Stratford 3. In the second half we had several scrums near their line without scoring. At last, from a penalty about ten yards from the

half-way line, Neal just missed kicking a goal. No further score resulting we won as above. The forwards were good in the loose, but seldom got the ball in the scrums; consequently, the halves and threes were badly handicapped. Beyers took some clever passes with one hand. The left wing were very weak. The team seem rather short of Bart's jerseys. Team:

Dive; Neal, Beyers, Parry and R. Burn; Richard and Robbins; Evans, Fiddian, Smythe, Waddington, Marshall, Mudge, Letchworth, and Farley.

## Reviews.

ASPECTS OF DEATH IN ART, AND THEIR EFFECTS ON THE LIVING, AS ILLUSTRATED BY MINOR WORKS OF ART, ESPECIALLY MEDALS, ENGRAVED GEMS, JEWELS, ETC. BY F. PARKES WEBER, M.A., M.D., F.S.A., and Fellow of the Royal Numismatic Society of London. (London and Leipzig: T. Fisher Unwin, 1910.) 8vo. Pp. vi and 160. With 58 figures in the text.

Medals have always been a stimulating hobby. Their collection satisfies those acquisitive, predatory, and hunting instincts of primitive man which still lie deeply buried in the basal ganglia of the most cultivated brains of our higher civilisation. The beauty of many medals educates the aesthetic faculties of the collector, who must of necessity become a sound scholar and a good historian, because they have been struck on divers occasions and for such varying purposes. It is pleasant, therefore, to discover that a member of our own profession, and a former office holder in the Hospital, possesses all these qualifications in such abundance as to make him prominent amongst the numismatologists of Europe at the present time. Dr. Parkes Weber has already written upon the medals and medallions of the nineteenth century relating to England by foreign artists; he deals now with the aspects of death as it has affected the ideas of the engravers of gems, medals, and jewels. It is an essay on mental attitudes towards the idea of death rather than a mere iconography. He begins with the idea underlying the *memento mori* principle of classical times, when the philosophers regarded death as a natural consequence of life rather than as a calamity. Greek thought led to the representation of "parting scenes" in a simple and beautiful sorrow, whilst the Etruscans invested the idea of death with horrors equal to those conjured up by mediæval superstition. "The simple *memento mori* devices corresponding to these simple *memento mori* legends include," says Dr. Parkes Weber, "such common emblems as the following: A human skull, a human skull and crossed bones, a human skull and hour-glass, a human skeleton holding an hour-glass, a winged boy holding an inverted torch, a tomb or sepulchral urn, a baby or child resting upon a human skull. The last device specially illustrates the line of Manilius, *Nascentes moritur, finisque ab origine pendet*—that is to say, as a physiologist has expressed the same idea, "The first cry of the newly born child is the first step towards the grave."

From this simple idea Dr. Parkes Weber works his way through the ideas of a future existence, posthumous fame, death as the end of pain and misery, death as a leveler, until he comes to the idea which more especially appeals to the medical profession—"the prevention of unnecessary death." A not uncommon device, which especially belongs here, is that of a skeleton-like figure being withheld or deviated back as the result of hygienic work or medical skill and devotion. Two illustrations of this idea are given, as it is treated in silver coins of Selinus in Sicily, dated about 466-415 B.C. They commemorate the freeing of Selinus from a pestilence of some kind (malaria?) by the drainage of the neighbouring marshlands. The account of these medals will give an example of the method adopted by Dr. Parkes Weber, and will show the interesting character of his book. He gives drawings of the medals, and explains them in the following words:

"*Obv.*—Apollo and Artemis standing side by side in a slowly moving quadriga, the former discharging arrows from his bow.

"*Rev.*—The river god Selinus, naked with short horns, holding patera and iustral branch, sacrificing at an altar of Asklepios (Æsculapius), in front of which is a cock. Behind him on a pedestal is the figure of a bull, and in the field above is a selinon leaf. Inscription: ΣΕΛΙΝΑΝΤΙΟΝ. Silver tetradrachm.

"R. V. Head says of this piece—Apollo is here regarded

as the healing god, who, with his radiant arrows, slays the pestilence as he slew the python. Artemis stands behind him, for the plague had fallen heavily on the women too. . . . On the reverse the river god himself makes a formal libation to the god of health in gratitude for the cleansing of his waters, whilst the image of the bull symbolises the sacrifice which was offered on the occasion."

The second coin has on the obverse "Heracles contending with a wild bull, which he seizes by the horn and is about to slay with his club. Inscription: ΣΕΛΙΝΑΝΤΙΟΝ. *Rev.* The river god Hyllas sacrificing before an altar, around which a serpent twines. He holds a branch and a patera. Behind him a marshbird (stork) is seen departing. In the field a selinon leaf. Inscription (in Greek capitals) ΗΥΛΑΣ. Silver didrachm.

Head says of this piece—"Here instead of Apollo, it is the sun god Herakles, who is shown struggling with the destructive powers of moisture symbolised by the bull, while on the reverse the river Hyllas takes the place of the river Selinus. The marshbird is seen retiring, for she can no longer find a congenial home on the banks of the Hyllas now that Empedocles has drained the lands." It seems that the philosopher Empedocles, who was then at the height of his fame, put a stop to the plague by turning two neighbouring streams into one. The Seluntines conferred divine honours upon him, and the above-described coins still exist as a wonderful monumental record of the events in question.

We are thus led lightly and pleasantly through the aspects of death in Art, and we owe Dr. Parkes Weber a deep debt of gratitude for this book, not only for the pleasure he gives us, but also because he shows once more that medical men are capable of sound work outside the immediate sphere of their professional duties, and that the type of learned physician survives amongst us, and has not been wholly destroyed by the requirements of modern scientific knowledge. D'A. P.

DISEASES OF THE JOINTS AND SPINE. By HOWARD MARSH and C. GORDON WATSON. Publishers: Cassell & Co., Ltd. Price 10s. net.

For many years it has been held up as a reproach to the medical profession, to a certain extent merited, that it has not understood or taken the trouble to understand the diagnosis and treatment of diseases and especially injuries of joints. The fact that bone-setters flourished and have not yet disappeared shows that the public at any rate had that idea, and many people preferred to entrust themselves for treatment to an ill-educated and ignorant, though commonly shrewd bone-setter, knowing little or no anatomy, no pathology, and entirely ignorant of tuberculous or malignant disease, rather than appeal to their legitimate practitioner, to whom they would at once turn for a pain in the stomach. At the present time it looks as if the rough bone-setter who flourished in the middle of the past century, and who, as Mr. Marsh says, was often a Cumberland blacksmith or a Welsh shepherd, is about to be supplanted by the modern masseur or electro-therapist with his array of impressive apparatus. The reason for all this seems to lie in the fact that doctors have been afraid, and perhaps some are still, to treat injuries, and particularly cases of stiff joints, by movements, because they have realised the difficulty of diagnosing such conditions from tuberculous and other diseases, and think that with their manipulations they may do more harm than good. During the last ten years, and particularly since the introduction of X rays, methods of diagnosis have improved so enormously that this difficulty has nearly disappeared, and it will be the fault of the medical profession if the slur on it be allowed to remain. A great help towards its removal has been Mr. Marsh's book on Joints, and we now welcome its third edition, which, with the aid Mr. Gordon Watson, has appeared in a revised form with many additions and new passages.

A book of over 600 pages, it seems at first too much attention to give to what is after all, though an important one, a small part of medicine and surgery. It soon appears, though, that it is not a bit too big, for by its arrangement it frames itself admirably both for the student and as a reference book for the practitioner. Two new and very important chapters have been introduced under the headings of "Arthritis in Specific Infective Diseases" and "Septic Arthritis." It is in these subjects that the greatest advances have been made, both as to diagnosis by the various clinical pathological methods and as to treatment by vaccine therapy. Great strides, too, have been made in the treatment of tuberculous disease of joints, especially of the spine, and unstinted praise is given by the authors to the good work done in this direction by Mr. Gauvain at the Alton Home for Cripples.

The book is very readable, and not a dry-as-dust text-book, because it records very largely personal experiences, and so interest is maintained, as novel critics say, to the end. If it be allowed to make a suggestion it is this: that treatment is not as fully gone into as pathology and diagnosis, and particularly is this so in the case of injuries, such as sprains, etc. These are so common, cause so much trouble and discomfort, and may bring so much discredit on the practitioner, that it seems a full account would not be out of place. To sum up, the book is a thoroughly sound and practical one, which cannot fail to do credit to the authors.

THE PRINCIPLES OF GYNÆCOLOGY. By W. BLAIR BELL, B.S., M.D. (Lond.). Longmans, Green & Co. 21s. net.

No one engaged in gynæcological practice at a hospital or else, where can fail to be impressed by the large number of cases sent up by general practitioners which have never been accurately diagnosed, and whose ultimate cure has been delayed or even rendered impossible by the prolonged employment of useless palliative treatment.

In many instances this is due to the fact that the medical man, owing to lack of time and opportunity, has been unable to acquaint himself with the immense advance in diagnosis of treatment which gynæcology has made during the past few years. To such men the present book must prove of great value, setting forth as it does in a clear and concise manner the accepted modern views, and the same characteristics will render it useful to the student, whose brain is only too apt to be involved by conflicting theories.

The author evidently has faith in the popular drug of the moment—calcium lactate; it remains to be seen whether the claims put forward as to its efficacy will be permanently justified.

The book is excellently printed and bound, and, following the example of recent American publications, is somewhat over-illustrated. It is a matter of regret that by some slight economy in this direction the volume should not be issued at a slightly lower price in order that a greater number might profit by its excellent matter and arrangement.

THE PHOTOGRAPHY OF MOVING OBJECTS. By ADOLPH ABRAMSON, F.R.P.S. Pp. 153. Illustrated. (Published by Geo. Routledge and Sons, Ltd.) Price 15s. net.

The first thing that strikes one on opening this book is the excellence of the illustrations. There are forty-three of these, and one wonders how it is possible to reproduce them so well for such a small price. The photographs themselves are magnificent and must represent an enormous expenditure of time and patience by the author.

The letterpress is also very good, and one gathers many valuable hints from its perusal. There is no sign of borrowing from other people's experience about this book as one so often finds in the text-books to which one is accustomed, and there is plenty of first-hand information, not only for the user of the "Reflex" camera, but also for those who are struggling with the less elaborate instruments.

Our author uses plates of medium speed for his high-speed work, but he adds that one should choose one kind of plate and remain faithful to it, so that we are prevented from quarrelling with him, as we prefer a faster plate than 250 H x D at present for ultra-rapid work. We also rather like the 5 x 4 size, which does not meet with approval.

We think that in the next edition some of the phrases borrowed from other languages might with advantage be cut out, but this is a small fault—possibly only a matter of opinion.

The volume is an excellent one, and we can heartily recommend it to any of our readers who are interested in photography.

## Royal Naval Medical Service.

The following appointments, etc., have been announced since November 20th, 1910:

*Appointments.*—Fleet-Surgeon H. Spicer to the "Bristol," on commissioning, undated.

Surgeon L. Murphy to the "President," for three months' hospital course, January 5th, 1911.

*Retirements.*—Fleet-Surgeon H. Y. Browne, November 24th, 1910. Fleet-Surgeon A. M. Page, November 10th, 1910.



### Indian Medical Service.

Colonel G. W. P. Dennis to be Principal Medical Officer Aden Brigade, dated June 16th, 1910.

Major R. F. Baird dates his promotion from July 28th, 1909, receiving six months' accelerated promotion.

Major J. Wolley has rejoined his former appointment as Superintendent, Central Jail, Bhagalpur.

Captain W. G. Hamilton is transferred to the Central Jail, Midnapur, as Superintendent.

Captain W. H. Czaly has taken the D.P.H. of the Royal Colleges, London.

### Appointments.

FAWKES, M., M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., appointed Honorary Physician, Convent of Mercy, Midhurst.

PATRICK, N. C., M.R.C.S., L.R.C.P., appointed Medical Officer and Public Vaccinator for Glenavy Dispensary District.

RYLAND, A., M.R.C.S., L.R.C.P., appointed House-Surgeon at Yarmouth Hospital.

SPICER, W. T. HOLMES, appointed Examiner in Ophthalmology at the Royal Army Medical College.

TA'BOIS, A. C., M.D.(Lond.), appointed Medical Superintendent at Clare Hall Hospital, Barnet.

### New Addresses.

AINGER, W. B., 58, Sloane Street, Knightsbridge, S.W.  
BOX, S., 95, Gordon Road, Faling, S.W. (corner of St. Leonard's Bridge).

BRIGSTOCKE, R. W., The Old Rectory, Scole, Norfolk.  
BROWN, T. L., 92, Packington Street, Islington, N.

BUTT, H. T. H., Box No. 23, Randfontein, Transvaal.  
CLARKE, FIELDING, Amptill, Craven Road, Reading.

CLEMENTI SMITH, H. D., 58, Sloane Street, Knightsbridge, S.W.  
COURT, E. P., 124, Sedlescombe Road, St. Leonard's-on-Sea.

KENDALL, T. M., The Mansie, Paton, Beds.  
LILLIE, C. F., Salisbury, Rhodesia.

MILNE, J. WALLACE, 13, Rubislaw Terrace, Aberdeen.  
NICOLL, C. VERE, Kajang, Selangor, Malay Peninsula.

PIRIE, A. H., 7, Harley Street, W.  
RAILTON, T. C., 13, Silverlands, Buxton.

RECKLESS, P. A., Western Dispensary, Rochester Row, Westminster, S.W.

SPICER, F., 142, Harley Street, W.  
TA'BOIS, A. C., Clare Hall Hospital, South Mimms, Barnet.

TWIGG, G. W., Poste Restante, Hobart, Tasmania.  
WOLLEY, Major J., I.M.S., Superintendent, Central Jail, Bhagalpur.

YELD, R. A., 19, Chesterford Gardens, Hampstead, N.W. (Temporary).

### Births.

HORDER.—On Thursday, December 8th, at 141, Harley Street, the wife of Thomas J. Horder, of a son.

ODELL.—On December 14th, at Ferndale, Torquay, the wife of William Odell, M.D., F.R.C.S., of a son.

STACK.—On November 25th, at Arvalee, Clifton, Bristol, the wife of Dr. Hugh Stack, of a son.

### Marriages.

BUTT—CORBETT.—On October 31st, at St. George's Cathedral, Cape Town, Harold Thomas Hayward Butt, M.R.C.S., L.R.C.P., of Randfontein, Transvaal, only son of F. W. Hayward Butt, Esq., of Northwood, Middlesex, England, to Helen Cecilia, only daughter of Thalberg Corbett, Esq., of Cowden, Kent, England.

CARVER—VOWELL.—On November 20th, at the Church of the Embassy, Paris, by the Rt. Rev. Bishop Ormsby, Alfred Edward Arthur Carver, M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P., eldest son of Rev. A. W. Carver, Vicar of Langton, Wragby, to Adelaide Beatrice, youngest daughter of the late J. Vowell, Esq., of Southampton.

CLARKE—DE GAURY.—On November 24th, at Christ Church, Lancaster Gate, W., by the Rev. Francis Gurdon, Fielding Clarke, M.R.C.S.(Eng.), L.R.C.P.(Lond.), etc., of Amptill, Craven Road, Reading, to Edith Littleton de Gaury, widow of F. H. H. de Gaury, late of 26, Castellain Road, W.

### Notice.

Down Bros., Ltd., of St. Thomas's Street, London, have been awarded the Grand Prix (highest award) for surgical instruments and aseptic hospital furniture at the Buenos Aires Exhibition, 1910, as well as the Grand Prix (highest award) at the Brussels Exhibition, 1910.

### Acknowledgments.

The British Journal of Nursing (10), The Student (5), The Nursing Times (10), L'Echo Médical du Nord (5), Giornale della Reale Società Italiana d'Urologia (4), The Journal of Laryngology, Rhinology, and Otology (2), The London Hospital Gazette (2), The Middlesex Hospital Journal (2), The St. Thomas's Hospital Gazette (8), The St. George's Hospital Gazette (2), The Magazine of the London School of Medicine for Women, The Eagle Magazine, The Hospital (3), The Stethoscope, The St. Mary's Hospital Gazette (2), Guy's Hospital Gazette (4), University College Hospital Magazine, Local Government Journal and Officials' Gazette, U.C.L. Union Magazine, The Medical Review, Paris Médical, The Child (2), The Practitioner, The Gambolier, The Treatment of Ringworm.

### NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.

The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d. or carriage paid 2s. 3d.—cover included.

# St. Bartholomew's Hospital



## JOURNAL.

VOL. XVIII.—No. 5.]

FEBRUARY, 1911.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal,

FEBRUARY 1st, 1911.

"Æquam memento rebus in arduis  
Servare mentem."—Horace, Book ii. Ode iii.

### Calendar.

Wed., Feb. 1.	—Clinical Surgery. 12.45 p.m.	Mr. Waring.
Thurs., " 2.	—Clinical Gynaecology. 9 a.m.	Dr. Griffith. Abernethian Society. Dr. Horder. "The Englishman and Foreign Cures."
Fri., " 3.	—Dr. Herringham and Mr. D'Arcy Power on duty. Clinical Medicine. 12.45 p.m.	Dr. Herringham.
Mon., " 6.	—Special Lecture. 12.45 p.m.	Dr. Fletcher.
Tues., " 7.	—Dr. Tooth and Mr. Waring on duty.	
Wed., " 8.	—Clinical Surgery. 12.45 p.m.	Mr. Lockwood.
Thurs., " 9.	—Clinical Gynaecology. 9 a.m.	Dr. Griffith. Abernethian Society. Mr. Noble.
Fri., " 10.	—Dr. Norman Moore and Mr. Bruce Clarke on duty Clinical Medicine. 12.45 p.m.	Dr. Ormerod.
Mon., " 13.	—Special Lecture. 12.45 p.m.	Mr. Eccles.
Tues., " 14.	—Dr. West and Mr. Bowly on duty.	
Wed., " 15.	—Clinical Surgery. 12.45 p.m.	Mr. Lockwood.
Thurs., " 16.	—Clinical Gynaecology. 9 a.m.	Dr. Griffith. Abernethian Society. Mr. Donaldson. "Post-operative Treatment."
Fri., " 17.	—Dr. Ormerod and Mr. Lockwood on duty. Clinical Medicine. 12.45 p.m.	Dr. Norman Moore.
Mon., " 20.	—Special Lecture. 12.45 p.m.	Dr. Lewis Jones.
Tues., " 21.	—Dr. Herringham and Mr. D'Arcy Power on duty.	
Wed., " 22.	—Clinical Surgery. 12.45 p.m.	Mr. Bruce Clarke.
Thurs., " 23.	—Clinical Gynaecology. 9 a.m.	Dr. Griffith. Abernethian Society. Mr. Hoskyn. "Six Months in Private Practice."
Fri., " 24.	—Dr. Tooth and Mr. Waring on duty. Clinical Medicine. 12.45 p.m.	Dr. West.
Mon., " 27.	—Special Lecture. 12.45 p.m.	Mr. West.
Tues., " 28.	—Dr. Norman Moore and Mr. Bruce Clarke on duty.	

### Editorial Notes.

SO many were the demands upon our space last month that we were unable to refer to all the events of December; our notes on the Christmas festivities, though only very sketchy, took up more than their fair share of room, and crowded out, amongst other things, all allusion to the Students' Union Dance held on Thursday, December 1st.

Fully 350 were present at the dance, and we believe that everyone thoroughly enjoyed the evening. In our opinion it was an even greater success than it was last year or the year before, and gradually such a high standard has been attained as to render further improvement very difficult. Mr. Just, on whom the entire responsibility devolved, is to be congratulated.

ANOTHER December event that should have been noted last month was the Students' Union Political Debate, held in the Abernethian Room on Monday, December 5th. Mr. Waring, as President of the Students' Union, took the chair. A resolution was proposed condemning the present policy of the Liberal Government. A large number of students were present, and there was a good deal of very keen argument and some quite clever speeches. We believe that this is the first time, at any rate for a very considerable number of years, that any such general meeting of the Students' Union for debating purposes has been held: it was so successful that we are told the suggestion has been made that further similar debates should be held from time to time, a suggestion which we hear has the full approval and support of the President of the Students' Union.

ON Thursday, January 26th, Mr. Butlin delivered the Mid-sessional Address to the Abernethian Society. The address was entitled, "Public Speaking, Especially in Relation to Medicine"; it was extremely interesting, and was thoroughly enjoyed, especially the reminiscent touches descriptive of the methods of different speakers.

In the light of the preceding paragraph it is interesting to note that Mr. Butlin, in replying to the vote of thanks, said that he thought the suggestion—which had just been mentioned—that a new debating club should be formed in the Hospital was impracticable. From his experience he thought that any such club would not be a great success, owing perhaps to the too great diversity of interests (apart from "shop") amongst the students.

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We publish in another column a criticism of the Amateur Dramatic Performance—the Christmas entertainment—enacted by our Dramatic Club. To that criticism we only wish to add that the impression created on several of the audience who had apparently come some considerable distance to see "The Magistrate," and whom we heard candidly discussing the performance at the end of the evening, was that they had been very well repaid by a most amusing hour or so.

The innovation of having refreshments in the Great Hall was a very sensible one, and was appreciated by those who were thereby enabled to have half-an-hour's comfortable chat with old friends.

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It was a very spontaneous little cheer that welcomed Dr. Tooth on his re-appearance in the Square at the beginning of the month; it was not very loud perhaps, but it was full of affection. We are all immensely pleased to see him back at work again, and looking quite fit and well.

\* \* \*

We heartily congratulate Sir George Newman and Sir Frederic Eve on their names appearing in the last Honours List among those to be created Knights.

Mr. Waring has been appointed a member of the Court of Examiners, Royal College of Surgeons of England, in succession to Mr. Bruce Clarke, whose term of office has expired; him also we congratulate.

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We note that two of the three names in the M.S. (London) Pass List are those of Bart's men. We congratulate Messrs. E. M. Woodman and H. Blakeway, the former of whom was awarded the University Medal.

## Psychological and Physiological Pre-suppositions of "Mind" and its Disorders.

By ROBERT JONES, M.D., F.R.C.P.

IT is certainly a compliment to the department of medicine termed "Psychiatry" that an alienist should be asked to contribute to the columns of your Journal, and that I, as your lecturer on Mental Diseases in the Medical School, should be honoured with this invitation.

I gratefully acknowledge the distinction, and I feel impelled to respond for two reasons. In the first place, I am given the opportunity of saying how much satisfaction is afforded to me as a lecturer to know that my efforts to make clear a subject so obscure, debatable, and elusive as is the study of mental diseases have met with the approval and the appreciation of my audience. Secondly, such an opportunity recalls my own difficulties when a student, and, indeed, oftentimes since, to apprehend the meaning of abstractions, to trace their various relations in mental experiences, and to understand the nature of such terms as "perception" and "ideation"; to know the meaning of "cognition," "emotion"; of "conation," and "volition"; terms, which, although familiar, are used by mental experts with specialised meanings, and which, when precisely and accurately understood, lend a new interest and a new power to both student and teacher. I hope that in these few paragraphs I may be able to make the reader's path a little easier from the point of view of psychology, and that I shall prove the necessity for the proper study of this branch of the positive sciences.

Sir William Hamilton's favourite aphorism, "In the world there is nothing great but man, in man there is nothing great but mind," and Pope's suggestion that "the proper study of mankind is man," should justify your editorial sanction to permit space for this aspect of practical medicine.

The mystery attaching to the word "mind" is no new problem. As a student, I felt the term "mind" to be a vague and distant one, implying something separate and distinct from the body, indeed, something apart even from mental processes themselves. The term "mind" was to me something intangible, or only vaguely comprehensible, yet it seemed to be an entity and something upon which mental processes could rest, or behind which they grew and from which they emerged, and yet it was realised that mind must be closely associated with matter. Mind seemed to me to be a part of a dual world, matter being one thing and mind quite another—yet equally real. It took a long time before I could throw off this quasi-philosophic attitude as to the nature and essence of mind, and only after considerable experience in the wards, in the laboratory, and in the post-

mortem room was I able to look upon "mind" as implying only states of consciousness dependent upon matter, and known exclusively through and by means of matter.

The sum total of feelings and ideas, as well as of actions and resolutions resulting from them, is generally spoken of in psychology as "consciousness," and mind is the equivalent term for all these states occurring during the life of an individual. We know that we are aware of or "cognize" states of feeling, and that there is a tendency to react to these sensations; that we deliberate over them, choosing to act upon any one of them by an effort of the will in order to gain a desired experience, and we also realise that new psychical states are always coming into being and always passing away. Fundamentally, therefore, our ideas of mind are made up of the three unanalysable elements of feeling, cognition, and will.

The striving after some conception of the nature of mind, and of its relation with regard to matter, seems to be general in human intelligence. The animistic theories of pre-historic times, before anything was known of the more recondite properties of nerve and brain, serve to show the striving on the part of early man to ascertain the meaning of consciousness. To many people who think on these things two causes seem to be assigned as the proximate conditions of consciousness, viz. some nervous substance and some peculiar entity we call mind. Nothing is known of mind as such, and it is possibly only a fiction of the fancy, but whenever there is consciousness there is clear evidence of nervous matter or a neural agency as supporting consciousness. The hypothesis of an immaterial agent, be it either mind, soul, or ego, although conjectured in the imagination either alone or in conjunction with a nervous system, has no support in fact, yet there are psychologists who, holding a theological belief, are very reluctant indeed to refuse to admit as a fact the complete dependence of consciousness on nerve processes. Such psychologists hesitate to admit complete dependence, although they will admit concomitance and even reciprocal dependence. At the present moment the most favoured theory or hypothesis to account for mental phenomena is described as that of a psycho-physical parallelism, which is really "the statement of a theory rather than the explanation of a phenomenon." In this paper I am not going to encroach upon philosophy or metaphysics, which has been humorously defined as a "blind man searching for a black hat in a dark room—the hat in question not being there," but it might be of advantage to distinguish cursorily and briefly between philosophy and psychology.

The latter is a positive science, and seeks to discriminate between, and to study the relationship of, several mental processes, such as are sensation, perception, attention, memory, recollection, imagination, thought, emotion, volition, and others; it seeks to ascertain the genesis of these and their subsequent history in individual beings,

noting how they rise, how they combine, and how they may be analysed. It seeks to find out laws for their origin, their history, and relationship, whereas philosophy deals with consciousness, *i. e.* with "knowing" as apart from the "known," with "existence" as contrasted with the "existent," with the "subjective" rather than with the "objective," as the reality of the objective is determined by perception.

Philosophy has to do rather with "knowing" than with "being." It studies the "process-content," as it is called, of consciousness, and it attempts to unify the whole of the sciences or the whole of man's knowledge as embodied in the knowable universe. It is the province of philosophy to analyse the nature of consciousness, as metaphysics is concerned with the transcendental nature of mind, or of what has been called mental energy. If we contemplate our own mental attitude we seem to feel that our consciousness is ever changing and ever running on. The conscious life of an individual proceeds from infancy onwards, and is continually in the form of a "time" stream of many currents, each current consisting of successive changes in consciousness, and fundamentally these are determined by nervous processes, of which the individual himself is wholly unaware until he chances to become acquainted with them pathologically, or in adult life analyses them physiologically.

Every "process-content" of consciousness has two aspects; firstly, the actual subjective panorama or the mental image itself, and secondly, the coming into existence and passing out of existence of this panorama or subjective picture, which can only be artificially realised afterwards and distinguished by subsequent observation. Each section of mental experience flows, so to speak, in a stream—the stream of consciousness—from point to point in space, but from present to past in time. Our perception of a picture on the wall, for instance, if gazed upon for a minute, consists of a succession of ethereal processes beating on the retina, these being followed again by excitations along the optic nerve which affect certain nerve centres, and then concomitantly with the excitation of these nerve centres a mental element results which demonstrates two things: the mental panorama known in consciousness, and the existence or "being" of the picture. The elements of this sensation are always changing, for the vibrations which occurred at the beginning of the minute have ceased to exist when those at the end of the minute are occurring, and these two points of knowing and being are the real difference between philosophy and psychology; their difference has been happily described by Mr. Shadworth Hodgson (whose philosophy inspires this article) in the simple illustration of a candle placed in a dark room and then lighted. The light of the candle represents consciousness; and this light has also a double aspect, like that of consciousness. It illumines the room and the objects in it, including the candle and the actual flame, and is itself visible by its own light, for without it nothing would be visible at all. Here

it corresponds with the aspect of philosophy, viz. knowing. On the other hand, without the room and the candle and the match applied to the wick the light itself would not exist. We know it only exists from the moment of applying the match until the candle burns out. Here it is a real and visible and tangible existent "being," and each moment of its burning it emits a light; the flame, like consciousness again, lasts for successive intervals of time and is ever varying. The light illuminating itself is consciousness, and by means of itself it, as it were, introspectively realises itself, whereas the process of ignition, the gradual burning, and the composition of the candle corresponds to neuro-psychology, or as it is more often termed, neuro-psychics. The whole process depends upon the candle, the match, and the room; and so consciousness, by a similar analogy, depends upon the nervous system and the processes occurring within it.

The part of the nervous system which gives us the feeling of consciousness is the cerebral cortex, with its nine thousand millions of neurons and their afferent and efferent neuraxons! The surprise is not so much that these give us a true representation of the outer world, but that they so rarely misrepresent messages arriving in the cortex and so rarely mislead and misguide us in our reactions to them.

The cerebral cortex, the seat of the intellectual functions, of intelligent sensation, of ideation and memory, has been of gradual growth in the vertebrata and has developed in complexity until its arrival at the perfection reached in man—the highest developed mammal.

In fish, the lowest vertebrates, the whole cortex is practically represented by the smell area, which is covered with a few epithelial cells probably representing the psychic aspect of this sense. The sense of smell is the first to arise and is therefore the most fundamental in the lower animals, it is the sense "to get and beget," it is the most organised and most stable of the senses, and therefore the last to go in mental dissolution, but when it is affected in insanity it is not infrequently associated with sex disturbances.

In fishes it reaches relatively a higher state of representation in the brain than in any other vertebrate, occupying, indeed, the greater part of the whole brain and constituting the rhinencephalon. In the rays, such as the skate, the olfactory bulb is relatively gigantic, and the cloak of the cortex covering this sensory area is the earliest formed cortex in vertebrates, and to it the name of archipallium has been given.

In some Reptilia the sense of smell is also well developed. The shark has a special organ of complex anatomy representing this sense in the brain. In birds it is much smaller, and probably even such carrion birds as vultures do not smell their prey at all, but obtain food through the sense of sight only. In some mammals the sense of smell is most strongly and keenly developed. In the dog, for instance, it is possibly the chief avenue of

information. It (the greyhound excepted) relies upon smell more than upon sight or even than hearing.

The dog can trace its master's footsteps out of a thousand or follow them even when the master, to hide his trail, puts oil of bergamot on his boots. In some of the Ungulata, the stag for example, the sense of smell is so exceedingly keen, that although this class of mammal has very acute vision it depends chiefly upon smell for its personal security. You can stalk a deer leeward to within twenty yards, and when the animal sees you it will only stand and stare until, walking or running to right or left the scent reaches it, when it will rapidly and eagerly bolt, but this only after the sense of smell has confirmed its visual sense and convinced it of danger. It is interesting to note that in those mammals which have taken to an aquatic life, either for greater security or sustenance—the porpoise and dolphins for instance, which were probably originally land mammals—the sense of smell is absent and the organ representing it in the brain wasted, or is even altogether absent. What the actual sense of smell is in fishes, which have almost the whole brain given up to it, is uncertain, but little is known of it by practical fishermen and anglers, although some have learnt the attractive powers of bait scented with essential oils, such as aniseed or rhodium. Isaac Walton used to send his less successful piscatorial friends a bait scented with aniseed and which he said he used with invariable success. Possibly the odoriferous particles, which in man and non-aquatic animals are dissolved or in suspension in the air, are, in the case of fishes, in solution in the water. We know that fishes in the abysmal depths of the sea follow their prey, yet they cannot see it (and we also know when we pick up a fish out of the water that it is smooth, slippery and glairy), and it is possible that they smell its track by means of the particles of glairy fluids that are diffused in the water. As in man, so in fishes the receiving mucous membrane lining the nostrils, is moist, for neither we nor they can smell with a dry membrane—as, for instance, when suffering from the congestive stage of a catarrhal cold.

In tracing the evolution of the sense of hearing, fishes have no hearing as experienced in man, but fishes feel what we hear through the sensitive receiving apparatus of their lateral lines, which is analogous to touch, and sound we know is conducted better in solids and liquids than through air. The ossicles of the auditory apparatus in fishes must also have much to do with the vibrations conducted through the water.

In some mammals the sense of hearing is very acute. In the Carnivora, of which the domestic cat is the type, the sense is very highly developed, and there is an outside ear, like a trumpet, which informs the animal of the direction of sound and its distance—probably a condition necessary to the survival of many of the Carnivora. When they locate their prey by the sense of sight, which the crystalloid tapetum at the back of the eye enables them to do in the dusk, the

association of the sense of hearing with sight becomes most important, and to this is also added the sense of touch, which enables the Carnivora, when foraging, to spring and direct the paw successfully and at once upon its prey.

The ear in man is as perfect a machine for the analysis of sound as exists in the whole animal kingdom. The trained ear of a musician can detect a difference of a thirtieth of a semitone, whereas an untrained savage fails to detect a difference of less than a semitone. As an analytical apparatus the ear of man has almost unlimited capabilities of improving under training, and because it is the most highly civilised of the senses, and therefore the least organised and most unstable, it is the most common to get out of order in mental disease. It is for this reason that aural hallucinations are the most common of all disturbances of the senses in the insane.

The sense of vision is very highly developed in man, but the area of vision in the brain is relatively smaller in man than in the lower animals, for in the latter it occupies the greater part of the occipital lobe. In birds, e.g. the eagle and vulture, the sense of sight is most fully developed for distance, and this power compensates them for their deficient smell. Man enjoys, as do the Carnivora, what is called binocular stereoscopic vision. He has knowledge of three dimensions.

In the deer, in sheep, rabbits and hares vision is monocular, and, therefore, not stereoscopic, for one eye takes in one part and the other the rest of the field of vision, and between the two eyes these animals see on either side before and behind, giving what is called a panoramic vision. It is an anatomical fact that the area of the brain relating to the "sense appreciation" of sight, what has been termed the "visuo-psychic area," increases as animals rise in the scale of evolution. The sense of sight to man is next in importance to that of hearing, and is therefore next to it in the incidence to dissolution by stress or overstrain. Visual hallucinations are in point of fact next in order of frequency to aural hallucinations in cases of insanity.

With regard to taste, unlike the other special senses, it is practically unimportant as to exact information of the external world, and some explanation of this is shown by its site at the entrance to the throat, to discriminate as to what should pass into the body.

When affected in insanity, taste is not infrequently associated with hallucinations of smell, but both these abnormalities are rare in the insane, because they are the oldest and most fixed and least highly civilised of all the five senses, and therefore rarely give rise to hallucinations.

The tactile sensation or touch is exceedingly well developed in some mammals. In the snout of the pig, in the hedgehog and in the shrew-mouse for instance, the nerve of common touch, especially the fifth, is of relatively large size, and the sensory nerves are exceedingly numerous about the face and nose. In the otter, which, with its whiskers,

feels the trout in the muddy stream, as also in many of the carnivora, we know that the sensory nerves proceed to the root sheath of the so-called whiskers, making these highly sensitive points for the sense of touch. Possibly this sense was originally very acute in the nose of man's ancestors, but it has long since departed into his fingers and hands, and it is not improbable that man's erect position dates from the time when this change took place, after which he began to use his hands for purposes other than walking.

It may be asked, "Of what use is all this?" My reply is that without a knowledge of psychology and of physiology in regard to the mind and the senses, the prevention of insanity is not possible, for we should be unable to teach the value of temperance, prudence, thrift and self-restraint; or the benefit of cleanliness, good habits and regularity of conduct. Without such knowledge it would be impossible for us to understand the nature of mental alienation, which, as an illness, excites terror beyond all others. Again, it would be impossible without such knowledge to realise the nature or the classification of mental disorders, their extent, duration, or termination, omitting altogether any attempts at their proper and adequate treatment. By a study of psychology we are, moreover, better fitted to differentiate between vice, crime and disease, and to give a warning note of their tendencies. That a proper knowledge of the treatment of mental diseases is necessary is revealed by the fact that there are over 130,000 certified persons to-day in asylums for the insane in England and Wales, about 8000 of whom are private patients, the latter needing for their detention two medical certificates, the rest needing only one, making approximately 138,000 certificates filled up by the 26,000 medical men practising in England and Wales, a total yielding on the average more than five certificates to each registered medical man or woman.

This paper is not intended to be a dissertation upon insanity, for it serves only to emphasise the premisses of mental aberration. The subject as a course is dealt with in lectures and demonstrations, but when we realise that the effect of the medical certificate of insanity is to deprive a citizen of his most cherished and valued attribute, viz. his freedom—i. e. until he himself shows that he is again entitled to it—also that under this certificate a citizen is disfranchised, deprived of his civil liberty, of his financial control, of his domestic rights, and of his personal initiative, is it, then, too much to ask that medical men, in return for this unique power conferred upon them, of all individuals in the State, should equip themselves with a moderate acquaintance of the nature of mental diseases?

The General Medical Council since 1893 has made it incumbent upon medical students to attend the practice of asylums and to know something of the nature and medico-legal aspects of insanity, and there are now possibly few teachers in our hospitals who will look upon such compulsion as taking students away from other more pressing studies.

That there are opportunities for specialising in this branch of general medicine (for we practising in Lunacy are a part of general medicine) is amply evident from the many advertisements in the various medical journals for candidates to fill lunacy appointments. The salaries for these thousand special offices range from £150 a year, with board and residence, for assistant medical officers, up to £1000 and £1500, and even up to £2400 in the case of a few select appointments, for medical superintendents, who are the chief medical officers of institutions for the insane. Also there is now a certainty of pensions at the age of fifty-five years (or earlier should ill-health set in), through the statesmanlike presentation of a Bill to Parliament on the part of an old St. Bartholomew's man, Sir William Job Collins, M.D., and which is now on the Statute Book. There are five State appointments in Lunacy of the value of £1500 a year, eligible to medical men who have special knowledge of mental diseases, and these will probably be numerically increased in the immediate future. The practice of men in this department is often very trying, and to many is actually repellent, but in order to be successful this work must be started early in professional life. It is a practice relating to the highest attribute of man, and the only attribute which distinguishes man from the animal and which allies man to his Creator.

#### Books added to the Library during December.

Herman, G. Ernest, M.B.(Lond.), F.R.C.P., F.R.C.S. *Difficult Labour: A Guide to its Management for Students and Practitioners.* With 180 illustrations. New and enlarged edition, with added chapters on Retroversion of the Gravid Uterus and Puerperal Eclampsia. Crown 8vo. Lond. 1910.

Husband's Forensic Medicine, Toxicology and Public Health. Seventh edition, revised and enlarged by R. J. M. Buchanan, M.D., and E. W. Hope, M.D. Crown 8vo. Edinburgh 1904.

The following was presented by Dr. Norman Moore:

Cooper, Sir Astley, Bart., F.R.S. *The Anatomy and Surgical Treatment of Abdominal Hernia.* In two parts. Second edition by C. Aston Key. Lond. 1827. (The following inscription appears on the fly-leaf of this volume: "At the annual competition for the prizes offered by the medical teachers of St. Bartholomew's Hospital in May, 1825, this book was presented to Mr. James Paget by Mr. W. Lawrence, Lecturer on Surgery in the Medical School of the Hospital, as the First Prize for proficiency in Surgical knowledge, in testimony whereof the Medical Officers and Teachers of the Hospital have hereto unto affixed their signatures. Matthias Prime Lucas [Treasurer].")

"Clement Hue, M.D., Peter Mere Latham, M.D., Geo. Leith Ronpell, M.D., Wm. Lawrence, Henry Earle, Edward Stanley, Thomas Wormald, George Burrows, M.D., Eusebius Arthur Lloyd, Frederic John Farre.")

The following were presented by the Authors:

Holder, Thomas J., B.Sc., M.D., F.R.C.P. *Clinical Pathology in Practice,* with a short account of Vaccine-therapy. Medium 8vo. Lond. 1910.

Kleinschrod, Franz, M.D. *The Inherent Law of Life: A New Theory of Life and of Disease.* Translated from the German and edited by Louise C. Appel, M.B., B.S.(Lond.). Crown 8vo. Lond. 1910.

The following was presented by the University of Uppsala:

Till Kungl. Vetenskaps-Societeten i Uppsala vid Dess 200-årsjubileum af Uppsala Universitet den 19 November, 1910. Emanuel Swedenburg's Investigations in Natural Science, and the Basis for his Statements concerning the Functions of the Brain. By Martin Ramström. Uppsala 1910.

### On Scleritis and Episcleritis.

By R. FOSTER MOORE, F.R.C.S.

HERE is a chronic inflammatory disease of the eye which affects the sclerotic and episcleral tissues in front of the equator of the eyeball: sometimes the tissues of the sclerotic and sometimes the episcleral tissues are more especially involved, the disease being known as scleritis, or episcleritis, as the case may be, but there is no sharp line of distinction between the two conditions.

Whatever the cause may be, the pathological processes that result are purely local, and any complications that occur are due to spread by continuity of tissues to the cornea, iris, or ciliary body. I have looked up all the cases which have been treated at this Hospital, whether in the Ward or in the Out-patient Department, during the last ten years: there are twenty-nine of them which are clearly primary scleritis or episcleritis.

In a typical case of episcleritis there is a flattened hemispherical nodule, usually on one or other side of the cornea rather than above or below it, fixed to the sclerotic, the conjunctiva being movable over it; it is usually 2 or 3 mm. from the corneal margin, and about the same in diameter; there is an injection of the scleral and episcleral vessels confined to the region of the nodule; there is no conjunctival discharge.

There may be two or three of these nodules, or as one disappears others may develop, and in the deeper form of the disease they may also be present.

A nodule may have a yellowish appearance, but if incised it never contains pus, and it is distinguished from a phlyctenule, which it may simulate, by the fact that it is placed under the conjunctiva, at some little distance from the cornea, and in that it never breaks down or ulcerates, besides which phlyctenules are much more common in children in whom this condition does not occur.

In scleritis the substance of the sclera is more especially involved, the process is more diffuse, and may in time involve the whole ring of sclera round the cornea, being now more intense at the inner, and now at the outer side; the deeper scleral and episcleral vessels are much injected, and there is sometimes present a slight purplish hue.

The inflammation in this form frequently spreads to the cornea, iris, and sometimes to the ciliary body.

In fifteen out of twenty-three of the present cases the cornea was involved in greater or lesser degree; commencing from a point where the inflammation of the sclerotic has been specially marked, or from a point where a nodule was previously present, there is an infiltration of the deeper layers of the cornea, spreading uniformly into its substance later, vessels grow into this area.

This process may proceed simultaneously from several points around the corneal periphery, so that there may be a number of areas of deep infiltration having a sharp spreading edge, extending eccentrically towards the centre of the cornea; and two such areas, commencing from adjacent points, may overlap, but still maintain their identity, being placed at different depths in the corneal substance (Fig. 1).

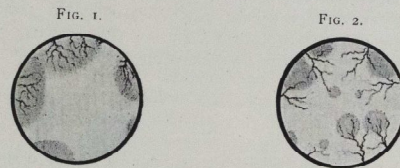
If this process is extensive the periphery of the cornea becomes opaque all round, and so the cornea appears reduced in size, the opaque part seeming to be sclerotic.

Sometimes areas of infiltration commence independently in the cornea away from the sclerotic (Fig. 2).

It is this involvement of the cornea which is chiefly responsible for any impairment of sight.

Iritis, which is usually not severe, and with but little inflammatory effusion, was present in 9 out of 23 cases, cyclitis in 2 cases only.

Staphylococcal bulging of the sclerotic is said to occasionally occur; it was entirely absent; it is a rare complication.



The disease is much more common in females, in the proportion of 22 to 6 of the present cases, and unilateral in 20 out of 25; of these 20 unilateral cases the right eye was affected 16 times. A little more than a quarter of the present cases occurred between the ages of twenty and thirty; the youngest patient was fifteen, the oldest seventy-two (children are not attacked). Men seem to be attacked later in life than women, if one may judge from 6 cases; the average age of incidence in 22 women was thirty-five, in the 6 men, fifty-one.

The cause of the disease is not known, as witness the various conditions which have been accused, but there is a persistent tradition in favour of gout or rheumatism; it has, need one say, been ascribed to syphilis, to the tubercle bacillus, constipation, oral sepsis, anemia, dyspepsia, and menstrual derangements—a sufficiently broad field, and how difficult it would be to prove, that one or other of these was not acting in any individual case.

The case for gout or rheumatism seems to be, that in so far as it is a chronic inflammatory process, going on at times for years, often with many recurrences, is not destructive in nature, and affects fibrous tissue, it resembles the lesions of these conditions.

And secondly, that in a large number of cases, the patients

have suffered, or their parents have, from either gout or rheumatism.

I have inquired of six ophthalmic surgeons as to the cause of this disease, and the general tenor of their replies has been: "Well you know, it is said to be rheumatic in origin."

It is noticeable that, whereas all ophthalmic writers speak of gout or rheumatism in connection with episcleritis or scleritis, writers on gout and rheumatism have said very little of it.

Dr. Garrod says: "Jonathan Hutchinson has recorded eye affections occurring in connection with rheumatism, gout, and gonorrhoeal rheumatism (amongst them episcleritis)." By many this form of eye affection is regarded as an expression of arthritis, the basic diathesis which is supposed to predispose to rheumatism, gout, or rheumatoid arthritis. The whole subject seems to require further careful examination, with special reference to the frequency of family or personal histories of true rheumatism, among patients who suffer from the so-called rheumatic affections of the eye.

Sir Dyce Duckworth, in his book on gout, says briefly: "Episcleritis may become persistent without causing much annoyance."

Jonathan Hutchinson, after describing the hot, itching eyeballs of masked gout, says, with equal brevity: "This condition may be associated with, or alternate with, attacks of episcleral congestion."

The chronic congestion of the episcleral vessels here referred to may be associated with, and is perhaps the cause of, the hot, itching eyeballs, but it seems comparable with the dilatation of the small vessels of the face which one sees sometimes in the gouty individual rather than a true episcleritis or scleritis.

The patients in whom the disease is most common are women between the ages of twenty and thirty, and in several of the present cases, of a particularly robust aspect, not owing to any previous trouble of any kind.

No doubt, in a large number of cases, one can elicit a history of previous rheumatism or gout in the patient or her parents, but the term "rheumatism" or "the rheumatics," covers so many aches and pains of divers nature, that such a history, if it is to be taken as evidence of true rheumatism, must be discounted severely.

In seventeen of the present cases inquiries were definitely made as to whether the patient or her parents had suffered from rheumatism, rheumatic fever, or gout; and in order to get a proper perspective of the significance of the replies, I collected seventeen other patients of the same sex, and in nearly all cases of the same age as the previous seventeen, who were attending the hospital for various disorders, and made the same inquiries.

Seven patients in each group gave a negative answer both as regards themselves and their parents; in the episcleritis group there were five, and in the control group six, in whom

the replies were unconvincing, such as "rheumatism in the family," "touch of rheumatism at Christmas," "rheumatism in legs," "mother has rheumatics sometimes," thus leaving five in the former and four in the latter group who seem to have definitely suffered from painful joint affections, the replies in these two groups being, in the former: "Tonsillitis and rheumatism in knees; thinks father had gout." "Rheumatic fever five years ago." "Laid up for three months twenty years ago with rheumatics." "Subject to rheumatism; joints get fixed and crack; pains in shoulders and knees." "Never rheumatic fever; treated at Matlock ten years ago for rheumatoid arthritis." And in the latter control group: "Rheumatic fever at eighteen and several times since." "Rheumatism all over; suffers greatly; all family suffers from rheumatism." "Has had rheumatism and rheumatic fever; father had gout." "Rheumatism in joints; mother had rheumatic fever and rheumatism."

Of the ten cases in which there was no note as to the presence or absence of rheumatism, it is probable that inquiry was made in some at least, and that had the reply been in the affirmative it would have been noted.

The salicylates or colchicum certainly do not obviously influence the course of the disease in any way.

The presence of a history of previous rheumatism or rheumatic fever then, as evidence that this disease is of rhumatic origin, is entirely equivocal; and it may be said that there is no satisfactory evidence, that episcleritis or scleritis is of gouty or rheumatic origin, the most that can be said being, that the lesions seen in the deeper form of the disease, scleritis, in some of their general characters, resemble the lesions of chronic rheumatism.

As to other causes, there is no reason for believing the disease to be syphilitic; in no single case, so far as I know or can judge, was there any good grounds for a suspicion of syphilis; in four cases the Pathological Department report that Wassermann's reaction was negative (it was only applied to four patients); in its clinical course it is unlike a syphilitic lesion, and anti-syphilitic remedies of repute do not affect the progress.

The tubercle bacillus was examined for in scrapings of the lesion after incision in three cases, and sections were made of excised nodules in three cases by the Pathological Department, no evidence of the bacillus was found by either means.

The nodules of episcleritis never caseate, break down or ulcerate, and never lead to destruction of the eyeball or enlargement of lymphatic glands; von Pirquet's reaction was positive in one case out of three; it is clearly not a tuberculous lesion.

As to other possible causes, such as anæmia, constipation, and dyspepsia, they are not infrequently present, but these are such widespread infirmities, and their presence was so inconstant, that they cannot be looked upon as other than concomitants.

There remains chronic toxic absorption as from pyorrhœa alveolaris, septic tooth-stumps, or some other focus; but, again, these are so very common—how often does one see in a hospital out-patient department, a mouth in which there are no decayed teeth?—and episcleritis is so rare that this cannot be looked upon as more than a reasonable surmise.

As regards treatment; if there be any general disease this would, of course, be seen to, removal of septic stumps can do nothing but good.

Locally, if there be definite nodules these should be dissected off from the sclera after incising the conjunctiva, taking care not to cut through the sclerotic; the base may be touched with pure carbolic acid and the conjunctiva not sewn over. This has two merits. It will, I believe, curtail the progress of the disease; and if there be pain, as is sometimes the case, often worse at night and keeping the patient awake, the pain will be completely relieved by this means; aspirin internally, and leeches or blisters to the temple, may also be of use in this connection.

A 5 per cent. dionine solution, dropped into the conjunctival sac, causing as it does marked chemosis and increase of lymph circulation to the part, may so be the means of removing toxic substances; subconjunctival injections of normal saline solution are used with a similar object in view.

Atropine is used in diseases of the eye with much the same object as a splint is applied to an injured limb; both the iris and ciliary muscle, instead of continually relaxing and contracting with every alteration of illumination or effort of accommodation, are paralysed, and so all movement within the eyeball is prevented; it has a second use, in that it prevents the formation of adhesions of the iris to the lens capsule. Hot fomentations and hot bathings are useful locally, and hot vapour baths are certainly of value.

Bacteriological investigations were made by the Pathological Department on six patients on seven occasions; films were made, and material for culture taken from scrapings of the nodules after incision, or from excised nodules.

On three occasions the cultures were sterile, on three occasions *Staphylococcus aureus* was found, on two occasions *Staphylococcus epidermidis albus*, and on one occasion the pneumococcus; this last was found in a patient who afterwards died of pneumonia and empyema; at the post-mortem examination it was found that there was no valvular heart lesion; there was no note as to presence or absence of uratic deposits in the big toe joints.

Microscopic sections were made of excised nodules in three cases, and the report received was—"The tissue shows stratified epithelium with underlying inflammatory cells with cell proliferation; there is no evidence of tubercle." Having regard to the frequency with which staphylococci can be found in the conjunctival sac I think the above observations

are not significant. In the case of one patient *Staphylococcus aureus* was obtained on two occasions from excised nodules; his opsonic index to this organism was '983. He was given seven doses of an autogenous vaccine, each dose containing ten million dead organisms, and the note of a candid house-surgeon on his discharge is—"There is no improvement in his condition."

been gained by the introduction of ladies into the caste. Mrs. Ernest Renton is well known on the amateur stage, and, as might be expected, she gave a finished and artistic performance of that not very attractive character, Agatha Posket. Miss Ella Barrett took the part of her sister, Charlotte Verrinder, who was blessed with so hearty and inconvenient an appetite, Miss Gwendolen Barrett was



B. J. HALLOWES (Blond). G. A. SMYTHE (Wyke). R. SHERMAN (Constable Harris). F. A. ROPER (Insp. Messiter). H. S. BAKER (Sergeant Lugg). R. G. MORGAN (Isidore). G. W. STATHERS (Mr. Bullamy).  
MISS BRADFIELD (Popham).  
M. LINDSEY (Stage Manager) (Col. Lukyn). Mrs. E. RENTON (Agatha Posket). S. S. STRAHAN (Mr. Posket). Miss BARRETT (Miss Verrinder). S. TREVOR DAVIES (Capt. Vale).  
T. S. LUKIS (Cis Farringdon). Miss G. BARRETT (Beatie Tomlinson).

### The Christmas Entertainment.

THE Christmas entertainment this year was held in the Old Surgery, swept and garnished indeed. The Amateur Dramatic Society is to be congratulated on a really excellent performance of "The Magistrate," one of Pinero's earliest successes. This play was given by the Society ten years ago, and comparing the two occasions it is easy to see how much has

duly arch and coy as Beatie, the young music teacher, while Miss Barbara Bradfield was quite convincing as Popham, the sentimental servant.

Among the men the palm must be awarded to Mr. M. Lindsey, who, in addition to the responsible duties of stage manager, undertook the part of Col. Lukyn. He was the retired Anglo-Indian to the life, in appearance, and in diction. He was particularly good when torn between gallantry to his unwelcome visitors and anxiety for his friend, exiled on the balcony in the pouring rain. And the

rain *did* pour in a very realistic manner. Mr. Strahan took the title *role* of the Magistrate, Mr. Posket, very creditably. His movements and facial expression were good, but he did not modulate his voice enough, and tended to express all his emotions in the same key. Mr. Lukis made a decided hit as Cis Farringdon. Mr. Stathers as Bullamy was amusing as a fussy old man, but he did not suggest a magistrate. Mr. Trevor Davies was very successful in bringing out the farcical humours in the part of Captain Horace Vale. Mr. Smythe managed to miss a great many of the points in the part of Wyke the Butler. Mr. Hallowee as the hotel proprietor and Mr. Morgan as the waiter showed how much can be made of smaller parts when acted intelligently. Mr. Roper as the Inspector and Mr. Baker as the Sergeant both gave excellent renderings of their small but very important parts. A word of praise is due to Mr. Stott as the very official Wormington, and to Mr. Sherman, who was magnificently stolid as a police constable.

The whole performance went with a fine swing, except that dull but necessary part of the first act which is devoted to the relation of past history. The scenes in the restaurant were particularly amusing. Once more, congratulations.

The enjoyment of the evening was much enhanced by the really excellent music performed by the orchestra under the conductorship of Dr. Dundas Grant. The Christmas entertainment is, of course, a social occasion, and silence is not in the order of things, so that we fear that many did not have the chance of realising how good the music was.

### Obituary.

HENRY POWER, M.B., F.R.C.S.,  
1829-1911.

Consulting Ophthalmic Surgeon to St. Bartholomew's Hospital;  
Consulting Surgeon to the Royal Westminster Ophthalmic  
Hospital, etc.

**N**E by one the leaders of the profession during the last fifty years are passing away, and to-day we have with sorrow to record the death of Henry Power in his eighty-second year. Years had sat so lightly on his shoulders that few credited him with his age, but inspection of the Roll of Fellows in the College of Surgeons' *Calendar* places him amongst the first eight and just below Lord Lister and Thomas Bryant. He could remember the pre-ophthalmoscopic era and the revolution produced in ophthalmology by Helmholtz's invention of the ophthalmoscope in 1851.

No one ever commanded more love and respect from friends, pupils, and colleagues, and his patients could not but help regarding him with absolute confidence and implicit trust.

On looking for the secret of this success, it can easily be found in the chivalry inherited from the many generations of ancestors in the Army, in the natural cheerfulness, the single-heartedness, the charity, the absence of guile, and the noble disposition of the man. Nature had gifted him with a distinguished and handsome face and a splendid physique, and though *mortem effugere nemo potest*, his perennial youth, forgetting the danger of the strain on the heart induced by running up 199 steps to church, doubtless accelerated the end.

Henry Power was born at Nantes on September 3rd, 1829, and was the son of Captain John Francis Power, 35th Regiment (Royal Sussex), afterwards Lieut.-Colonel in Command of the British Foreign Legion at Stourcliffe. He belonged to an old Irish family of soldiers, who had valiantly fought in the Peninsular war and at Waterloo for King and country.

He was educated at Cheltenham College, entering at Easter, 1842, and his name appears amongst the earliest entries at this school.

He became apprenticed to Thomas Love Wheeler, of Gracechurch Street, in 1844, at the early age of fifteen. Mr. Wheeler was the son of the Apothecary of our Hospital, who was well known for his knowledge of botany. From this time he began his studies at the Hospital, and amongst his fellow students were Sir William Savory and Sir Trevor Lawrence.

In 1851 he passed the L.S.A. examination, and began his distinguished career as a prize-winner by taking the Linnean silver medal for Botany and also the Galen medal; in this year also he became M.R.C.S.

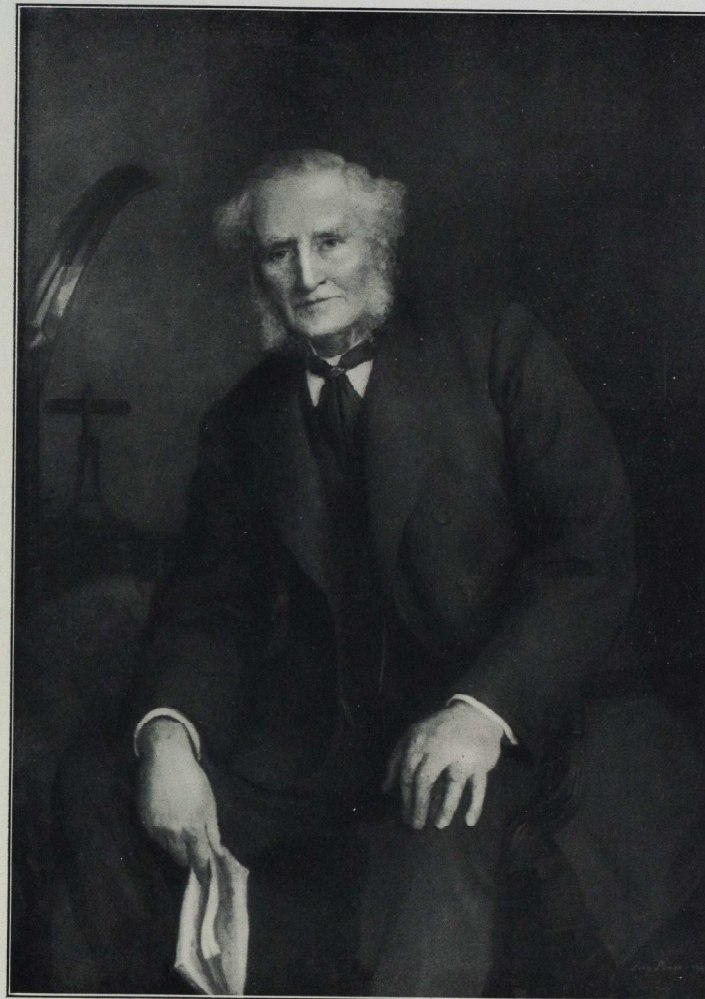
At the London University Matriculation Examination he obtained the prize in Chemistry, and at the Intermediate in 1852 he was the recipient of the Exhibition and Gold medal in Anatomy and Physiology, and the Gold medal in Structural and Physiological Botany.

In December, 1854, he gained the F.R.C.S., and also the greatest prize of his life, as on December 21st, 1854, he married his first cousin, Miss Ann Simpson, of Whitby, who survives to mourn his loss.

In 1855 his name appears as prize-winner in the Final M.B. Examination of the London University, as Scholar and Gold Medallist in Physiology and Comparative Anatomy, and also as Scholar and Gold Medallist in Surgery.

During the time he was gaining these scholarships and prizes he had to keep himself by coaching, and we find him in 1851 Demonstrator of Anatomy at the Westminster Hospital, and from 1851 to 1861 Lecturer on Comparative Anatomy, Human Anatomy and Physiology at the same hospital.

Whilst working thus at physiology and anatomy he became acquainted with Mr. Guthrie, and from him gained his zeal for ophthalmic work. His first surgical appointment was to the Westminster Ophthalmic Hospital on June 1st, 1855.



Henry Power

He remained on the staff for thirty-four years, retiring in 1889, when he was elected Consulting Surgeon.

In 1857 he was appointed Assistant Surgeon to the Westminster Hospital, a post he held for ten years, when he devoted himself to ophthalmic work.

In 1867 he was appointed Ophthalmic Surgeon to St. George's Hospital and resigned it in 1870, when, on an Ophthalmic Department being made at St. Bartholomew's Hospital, he and Mr. Vernon were elected on the same day (July 27th, 1870) Senior and Junior Ophthalmic Surgeons respectively.

This most happy partnership lasted until, owing to the age-limit, Mr. Power retired on August 9th, 1894, being appointed Consulting Ophthalmic Surgeon.

To the house-surgeons and students there could be no more inspiring example of the way clinical and operative work should be performed than to accompany the two surgeons round the Ophthalmic Department. Their charm of manner and courtliness combined with great clinical experience and teaching made the visit a liberal education, and with all this there was always the deference of the younger to the opinion of "the Professor."

Intimately associated in anyone's recollections of the wards during these years is the personality of "Sister Eyes," who enjoyed the absolute confidence of both the surgeons and the house-surgeons. One cannot do better than quote the words of Mr. Power in his obituary notice of Mr. Vernon in our *Hospital Reports*:

"The wards were completed in 1870, and opened by the Prince of Wales and the Princess Alexandra in the summer of that year.

"Mr. Power and Mr. Vernon were appointed senior and junior ophthalmic surgeons, with twenty-six beds and one cot between them. This arrangement proved a fortunate one. The two surgeons worked together in the most harmonious way, often making their rounds together, sometimes one, sometimes the other monopolising the wards; whilst if a case of emergency presented itself a bed was always found through the address of Sister Alexandra, to whose intelligent and kindly offices, untiring assiduity in her attendance on the patients, and her admirable management of the wards, both felt that they were deeply indebted."

On becoming Consulting Ophthalmic Surgeon he did not by any means sever his connection with the Hospital he loved so well.

Often on a Tuesday or Wednesday he would come and watch the operations and go round the wards, giving the benefit of his long experience and knowledge. As a Governor of the Hospital he also took his share in the practical supervision of ward matters.

Amongst other appointments he held for twelve years the post of Ophthalmic Surgeon to St. Bartholomew's Hospital, Chatham, and was Lecturer on Physiology at the Royal Veterinary College from 1881 to 1904.

His connection with the Royal College of Surgeons was a very close one during all his life in London, and the College conferred on him numerous appointments and honours.

He was Examiner in Anatomy and Physiology from 1875 to 1880, and again from 1881 to 1884, in Physiology from 1884 to 1886, Councillor from 1879 to 1890, and Vice-President in 1885.

He first commenced lecturing at the College in 1882 to 1883 as Arris and Gale Lecturer, and in 1886 to 1887 he was Hunterian Professor of Surgery and Pathology. In 1886 he delivered the Bradshaw Lecture, and in 1889 the Hunterian Oration.

His recognised success as an Examiner made his services much sought after, and he was Examiner in the Honours School of Oxford (1875 to 1877); in the Natural Science Tripos at Cambridge (1874 to 1875); at the London University Examinations in Physiology for ten years; and at Durham University. He had been President of the Harveian and Vice-President of the Royal Medical and Chirurgical Societies, but of course his chief association was with the Ophthalmological Society, of which he was an original member, and to the *Transactions* of which he contributed many papers. He was chosen to deliver the Bowman Lecture in 1887, and took as subject, "The Relation of Ophthalmic Disease to Certain Normal and Pathological Conditions of the Sexual Organs"; and served the office of President from 1890 to 1892. In his Presidential Address the following lines show his opinion of the proper training for men desiring to be oculists:

"The truth is that those who in future intend to follow this branch of practice should undergo a most careful preliminary training. They should at least have had a sound mathematical education. They should be familiar with the science of optics. They should have made themselves masters of microscopical methods and proceedings. They should have good eyes, and should have cultivated lightness and steadiness and precision of hand. Finally, they should be sympathetic and gentle."

Such, then, in a brief and necessarily cursory manner, is the life-history of our late colleague, and what a load of hard, steady, and in the end, successful work it represents.

Henry Power was certainly one of the most cultivated, widely read, and many-sided men in our profession.

From the early days of his great success in examinations he had been a very popular teacher, and, like many others, he had to teach not only surgery and medicine but all the accessory sciences. He often said that from morning to night he took private classes in the hours not occupied by hospital work in order to make enough money for the simple needs of existence; added to this he was working at reviews and translations. Can one wonder under such conditions that he did not have time to do the original work he might have done?

He was an excellent and most successful operator, and

was always ready to try any new operation. As a teacher few equalled him, and as a lecturer he was rarely surpassed. His charming voice, fine manner, elegant diction and plain method of stating his facts rendered his lectures, whether at the College of Surgeons or at the Hospital, most acceptable to the audience. He had an extraordinary aptitude for quickly grasping and assimilating facts, and could lecture fluently on any subject after a very short preparation of his subject.

Power was a great bibliophile, and constantly returned home with a rare book or good edition picked up at a second-hand book shop. His library was an extensive one, and he was always very careful that good books should be well bound.

In 1869 he brought out *Illustrations of the Principal Diseases of the Eye*, a text-book which was illustrated by coloured prints taken from paintings done by himself from his own patients at the Royal Westminster Ophthalmic Hospital, and very excellent the original drawings are. His most important work was, however, the editing of the sixth, seventh, eighth, and ninth editions of *Carpenter's Principles of Human Physiology*, which by dint of his hard work was kept up to date and served as a lexicon for physiologists. He was also author of *Elements of Human Physiology*, and translator of *Stricker's Manual of Human and Comparative Histology*, *Cramer on the Ear*, and *Erb on Diseases of the Nervous System*.

He took great interest in, and helped very much, the work of the New Sydenham Society, being Treasurer for many years.

His genius for reviewing and for derivations of words made him a most excellent collaborator with Dr. Leonard Sedgwick in *Mayne's Expository Lexicon*, and nothing delighted him more than searching for or discussing the meaning of an abstruse word.

For at least twenty years from his becoming qualified he had a hard struggle to succeed; the hospital appointments brought no pay and he had to make his way by private tuition and reviewing. His clear, lucid method of demonstration made him soon a much-sought-after teacher, and his omnivorous reading ensured success in reviewing. He had a good knowledge of French and German, and made many translations.

His wonderful physique helped him in good stead, and his power of work was almost superhuman.

His energy induced him to take up bicycling at sixty-eight years of age and he only relinquished it three years ago; till last year he had been a constant follower of the other hounds for four years.

At the age of sixty he would start work at eight o'clock and keep steadily on till after twelve at night.

The simplicity of his nature and life endeared him to all; to know him once was to know him always, and with all this kindness he was a good reader of character.

To the merest tyro his manner was ever inspiring and sympathetic, and he was always happy to answer a question whenever put.

At home, though in the evening engaged at his correspondence or his literary work, the door of his study would be open, and anyone could, and did, go in, always receiving a smile and being given a cheerful answer to a question.

No man, perhaps, ever had a happier life, surrounded by his lifelong devoted wife, his children and grandchildren.

It might be said to have been an unclouded one but for the sad loss by drowning of his daughter Lucy and a granddaughter in 1908 before his own eyes. Miss Lucy Power painted the picture reproduced here, which was presented to him in 1895 by his old house-surgeons.

The last time he really came amongst us was in December, 1908, at the Annual Staff Dinner, presided over by his son, Mr. D'Arcy Power. His health was drunk with great enthusiasm, and he made a delightful little speech detailing incidents of his early student and demonstrator days, especially in connection with Sir William Savory. In his characteristic manner he ended by telling us all we were dull dogs and didn't understand what fun really was compared to the Hospital staff as he first knew it.

Seven years ago Mrs. Power and himself celebrated their golden wedding surrounded by six of their children and numerous grandchildren.


In 1902 he left the house in Great Cumberland Place he had so long tenanted and retired to Bagdale Hall, Whitby, the home he had arranged for himself, and there, with frequent visits to London, he remained till the end, taking great interest in everyone and delighting in lecturing on popular subjects to varied audiences. The last course of lectures was given only last autumn. He was perfectly well till last November and took his usual exercise, but, as before mentioned, he apparently strained his heart, which was followed by repeated attacks of dyspnoea.

On the Sunday before the end he was as happy as ever, gaily singing about the house, and on the Monday he was writing letters as usual to his children. On the Tuesday he had severe attacks of cardiac dyspnoea, became unconscious in the evening, and died on the morning of Wednesday, January 18th.

He was buried on Saturday, January 21st, at Whitby, in the cemetery so beautifully situated between the moors and the sea. The funeral service was conducted by his friend, Canon Austen, the Rector of Whitby, and he was laid to rest, covered with wreaths from his friends and colleagues, in the same grave as his daughter and grand-daughter.

*Vivit post funera virtus.*

DR. J. B. GREATHEAD.

 HE death is announced of Dr. J. B. Greathead, of Grahamstown, from sleeping-sickness, at Serenje, in Northern Rhodesia.

John Baldwin Greathead was born at Aliwal North, Cape Colony, in 1854, studied at Edinburgh, where he graduated M.B. and M.S. in 1879, and joined the practice of St. Bartholomew's Hospital in that year. He used to declare that he was amongst the earliest of Sir Lauder Brunton's pupils there. He played in the Hospital Rugby team.

On his return to the Cape, Greathead settled in Grahamstown, and in the course of a strenuous twenty-eight years built up a large and successful practice, from which he had retired so recently as July, 1908, in order to devote himself to farming in the Colesberg district.

Greathead enjoyed a well-deserved reputation throughout South Africa for brilliant general surgery and sound ophthalmic surgery. His work on hydatid disease alone might have given him material for a monograph on unusual situations of that common disease.

He was a member of the Government Leprosy Commission in 1894, a Government nominee on the Colonial Medical Council from its formation in 1898 until his death, was several times President of the Eastern Province Branch of the B.M.A., held several Government and public appointments in the district, and took an active interest in medico-political work.

His professional attitude might be epitomised in a sentence written in 1899, when engaging an assistant, "I work very hard myself and shall expect you to do the same."


Greathead was a keen and successful shot; his collection of South African and East African antelope was all but complete and contained some record heads.

It was on his fourth and last long hunting trip that Greathead met his end. Determining rather suddenly to answer "the call of the wild," he left home in July and travelled up the Shire and by Nyassa to Fort Jameson. He had secured an elephant and was making for Lake Bangweola, intending to make the Cape-Cairo line at Broken Hill.

On September 11th he was bitten below the ear whilst in the Luangwa Valley, and fell ill at once: trypanosomes were found in his blood, and an attempt was made to reach civilisation and medical aid in a hammock, since the remote country offers no other transport, but he died on trek on October 26th.

A travelled man with keen observation and quiet humour, an intelligent contributor to the natural history collections, a man of unobtrusive piety, a stimulating colleague, a staunch friend and a straight man, the death of "Dr. Jack" leaves a gap which for many of us cannot be filled.

### A Discussion.

 GENERAL Meeting of the Students' Union was held on Monday, December 5th, at 8.30 p.m., for the purpose of discussing a question which was of vital importance to the continued prosperity of the British Empire. A large number of members were present, and Mr. Waring, President of the Students' Union, kindly consented to take the chair.

The Chairman, in a short opening speech, said that he was very glad that such a meeting had been arranged, as he was sure that it was in the interest of all members of the medical profession to be able to express their thoughts and opinions in the form of a speech, and that such meetings as these helped to make men proficient in this art. He then intimated the subject of the discussion, which was: "That in the opinion of this meeting the continuance of the present Liberal policy will lead to the ruin of the Empire," and called on Mr. Morse to open the discussion.

It may be remarked that, although gentlemen of conflicting opinions on this academic topic sat upon different sides of the room, the proceedings throughout were conducted with a mild and broad-minded *bon-homie*, and that the party spirit that might easily have been much in evidence during a general election seemed to be remote from the thoughts of the various speakers, whose wholesome probing after truth showed that they, at least, had not been drawn into the vortex of Party politics.

Mr. Morse, in opening, said that greatness was thrust upon him. He could not go into details, but the combined "Liberal-Radical-Socialist-what-not" policy was disruptive and almost anarchy. If all were equal to-day, all would be as before to-morrow. Socialism, an impossibility, must end in dictatorship.

Mr. Barrow, in seconding, said that the lower classes did not hate the upper classes and were polite to him. Single chamber is impossible, as any government could pass any law it liked, which could be reversed by the opposition when in power. United States had a strong second chamber.

Mr. Baynes, the opposer, spoke of the agile change of the Unionist front, and quoted the Referendum. Democracy is an important thing, to be trusted and not to be exploited by the House of Lords. Free Trade and Home Rule were necessarily fundamental propositions of the Liberal policy.

Mr. Malony, who seconded Mr. Baynes, deplored the mistrust of Ireland by England after one hundred years of union. He said that the Government of Ireland was wasteful in police and judiciary, and parsimonious in education and public health.

Mr. Hill, a historian, stated that England was greatest when England was drunk.

Mr. Snowdon said theoretically Socialism was excellent; practically an impossibility.



Mr. Strahan quoted Referendum, House of Lords, Bills (various), trams and gas (municipal).

Mr. Fridham ably supported the Liberal policy with arguments on the subject of the Army, Navy, and Finance.

Mr. Biggar objected to Old Age Pensions and Form IV. He quoted "the thin end of the wedge."

Mr. Russell attempted to address the meeting, became "political," and sat down.

Mr. Wedd assured us that the whole Liberal policy was destructive and non-imperial. "Unity (and Tory Government) is strength."

Mr. Nicholson, our railway expert, quoted statistics.

Mr. Baynes, in replying, became poetical and mystic, and talked of "the great stream of Socialism flowing through a dam of Peers."

Mr. Morse, in replying, said that democracy cannot govern; "it's the breeding" that counts. He ended with a few verses of Kipling.

On a show of hands the motion was found to be carried. The meeting then adjourned.

### Clinical Gittings.

No. XVI.

By SAMUEL WEST, M.D.

#### FORMS OF URÆMIA.

**URÆMIA** is commonly described as occurring in two forms—acute and chronic. In the one the symptoms are of acute onset, of great severity, and of grave prognostic significance. In the other they are of gradual onset, of less apparent severity, and of very indefinite character. These two groups are often called acute and chronic uræmia respectively. They stand in such strong clinical contrast with one another that it would be well if different names were used to designate them. For the acute cases "acute uræmia" might be retained; for the chronic "chronic renal toxæmia" might be a better term.

By chronic uræmia, or chronic renal toxæmia, is meant that gradual failure of health and nutrition, with the various and often indefinite symptoms which are met with, especially in the later stages of granular kidney, but in some degree also in the later stages of chronic parenchymatous nephritis.

Closely allied to this group, and equally distinct from acute toxæmia as ordinarily understood, are the symptoms associated with total or almost complete suppression of urine, such as is met with sometimes in acute nephritis, but more commonly where the excretion of urine is prevented, either by complete obstruction of both ureters, or when one

kidney has already been destroyed by disease or surgical operation by obstruction in the other.

In these cases the patients die in eight or ten days of rapidly increasing asthenia, but, as a rule, without fits or acute uræmic symptoms.

From both these conditions acute uræmia is clinically distinct. The great characteristic is the suddenness with which the symptoms arise. Without any warning the patient is seized with twitchings, which rapidly develop into violent epileptiform convulsions. The patient becomes unconscious, and dies in a few hours unless the fits cease.

In acute nephritis the symptoms nearly subside, so that the prognosis is by no means so hopeless as the condition of the patient during the fit might suggest. Indeed, recovery seems sometimes almost to date from the attack.

With granular kidney, on the other hand, acute uræmia is almost invariably fatal.

#### THE DIAGNOSIS OF URÆMIA.

In acute nephritis, when the patient is already under observation, the diagnosis is easy, for the attack usually takes the form of fits and coma.

In granular kidney the diagnosis is by no means so easy, especially if the attack of uræmia be, as it often is, the first sign of serious disease. Thus it is not uncommon for the patient to be found unconscious and dying, without the diagnosis being certain between uræmia, epilepsy, and apoplexy.

Moreover, in granular kidney the symptoms of acute uræmia have by no means the definite character which is often assumed. The cases really vary from one another almost as much as do cases of so-called diabetic coma.

Fits and coma are the two most characteristic symptoms. Yet patients may not have fits, or, at any rate, no marked convulsions, and they need not be comatose. A patient may be comatose without fits, or at most with only slight twitching, the condition closely resembling apoplexy. In other cases the condition closely resembles that of narcotic poisoning. In some instances the most profound collapse may suddenly develop, as if the patient had been suddenly poisoned, and the symptoms are then very much like those met with in proptaine poisoning.

Frequently signs of cerebral irritation develop, the patient becomes extremely restless, sleepless, more or less delirious, and sometimes passes into a condition of noisy active delirium, simulating delirium tremens, with which it may be confused. At other times the patient becomes for the time violently maniacal. If death does not supervene the attack may subside, and in a day or two pass off. But even then the general condition rapidly deteriorates, and other symptoms develop which before long end in death.

The most interesting fact about acute uræmia in the course of granular kidney is that it so often develops without any warning in the midst of apparent health.

### The Clubs.

#### RUGBY FOOTBALL CLUB.

ST. BART'S v. LENNOX.

This match was played at Winchmore Hill on January 14th, before a fairly good number of spectators. It resulted in a fairly easy win for the Hospital by 29 points to *nil*. From the kick-off the ball was quickly dribbled down by the Hospital forwards, several scrums took place near our visitors' line, and but for the fine efforts of Newbury their line would have been crossed. Immediately afterwards Bower made a very good run, but was stopped on the line by Hutson. Play continued in our visitors' half, the Hospital forwards going strong and heading better than usual. From a scrum Robbins got the ball out smartly to Pocock, who scored far out; the place kick failed.

Lennox now took the play to mid-field, but from a scrum our three-quarters got going, Robbins, Pocock, Bower, Neal handling, the latter getting in under the posts; the kick was charged down. Another try followed quickly. Half-time arrived, the Hospital crossing over with a lead of 9 points. On re-starting Mudge dribbled the ball down well and scored, the kick only just failing. Two more tries were quickly added by Fiddian and Bower, both kicks failing. The visitors were now kept in their own 25; from a forward rush Mudge scored again; Richards took the place kick and was successful. Lennox had the misfortune to lose C. E. M. Richards, who was suffering from slight concussion, he was quickly followed by Robbins, who fell heavily on his shoulder. From a line out Fiddian added another try, and in the last minute of the game Neal, after a fine run, scored; no extra points were added. The Hospital turned out their full team for the first time this season in this match; it is hoped that in future seasons the members of the team will turn out more regularly. Team:

H. R. Dive (back); J. Neal, H. J. Bower, W. A. Pocock, and E. D. Richards (three-quarters); H. R. Williams and F. H. Robbins (halves); A. E. Evans, J. V. Fiddian, A. Ferguson, J. Mudge, J. M. M. Marshall, R. C. Kitching, J. W. Adams, and H. M. Gilbertson (forwards).

ST. BART'S v. OLD MILLHILLIANS.

This match was played at Finchley on January 21st; the ground was very wet, and the play was chiefly confined to the forwards. The Old Boys won the toss, and Evans kicked off. The opening stages were fairly even, our opponents, if anything, having slightly more of the game. Our forwards gradually began to settle down, and Robbins and Williams got our three going, and Bower, getting possession, had hard luck in not scoring after a bullocking run. By good foot-work the Old Boys got to our "25," and heeling from a loose scrum their right wing broke away on the blind side and scored a splendid try in the corner. The place-kick failed, and half-time arrived with the score 3 points to *nil* against us.

The play in the second half was very fast, and our forwards showed up to great advantage. At length, after Williams and Bower had handled, Richards got possession, and cutting out a beautiful opening he gave to Neal, who scored in the corner. Neal failed to improve. At this stage we were having all the game, and Evans and Mudge with a clever dribble enabled Neal again to score. He failed with the place-kick from a difficult angle. Our forwards again broke away, and good passing between Marshall, Evans, and Ferguson ended in the latter scoring a good try. Bower failed to improve. The Old Boys made some desperate efforts to equalise, but Beyer's defence was as sound as ever, and a good game ended in a win for us by 3 tries to 1 try.

The play of our forwards, once they had settled down, was good, especially in the loose. They followed up well, and their dribbling and tackling was good, but their heeling was at times very slow and poor. Beyer's defence was very sound. Team:

C. F. Beyer (full back); J. K. Neal, E. W. Richards, H. J. Bower, R. Burn (three-quarters); R. H. Williams and F. H. Robbins (halves); A. E. Evans, J. W. Adams, A. Ferguson, J. V. Fiddian, H. M. Gilbertson, J. B. Mudge, K. L. Kitchen, and J. M. Marshall (forwards).

#### ASSOCIATION FOOTBALL CLUB.

ST. BART'S v. HAMPSHIRE F.C.

This match was played at Winchmore Hill on Saturday, December 14th, and had to be arranged somewhat quickly owing to the Old Chomeleians scratching with us. St. Bart's was defeated, the score being 4-3 in Hampstead's favour. Bart's turned out a weak side, Waugh, Jamieson, and Wippell being absent, Dale procuring two substitutes for us. Hampstead turned up very strong forward and began to press from the start. Play was fairly even, however, until, after some pressing by Hampstead, Rimington had the misfortune to kick into his own net. Bart's, however, soon retaliated, and scored by a well-placed shot from Barrow. At this point we had the misfortune to lose our centre-half through an injury, and our opponents pressed vigorously; but our backs were equal to the occasion, Stretton clearing with great judgment, and only two more points were added before half-time—one from a scrum in the corner. On crossing over the score stood at 3-1 in Hampstead's favour. In the second half Bart's felt more at ease, and Barrow again scored from a well-placed centre by Dale. From a corner opposite the pavilion end Hampstead scored again soon after this with a low, fast shot. Barrow then showed up to advantage by taking the ball practically the whole length of the field on his own and scoring neatly, the game ending 4-3 in Hampstead's favour. Team:

E. A. Brock (goal); H. Rimington, J. W. Stretton (backs); C. R. Taylor, G. Soden, A. N. Other (halves); W. C. Dale, A. Dale, R. M. Barrow, G. Leech, and J. Macadam (forwards).

#### A.F.A. SENIOR CUP.

First Round Competition Proper.

ST. BART'S HOSPITAL v. EALING ASSOCIATION.

This match was played at Ealing on Saturday, December 17th, the Hospital meeting its worst reverse of the season by 5 goals to 1. In this match we were without the services of Norman, Jamieson, and Stretton. Soden played right-half. Neal turned out for us in Norman's place, and played an excellent game. The ground was in a very bad state owing to recent frost and rain, and owing to a high wind the ball was difficult to control. Bart's played with the wind at the commencement, and with this advantage should have scored goals, Barrow and Dale having hard luck, however. Ealing pressed from the kick-off, causing Brock to handle. Play was, however, fairly even, Dyac doing excellent work at centre half, until shortly before half-time a dropping shot was unfortunately misjudged by Brock, and fell into the net. Bart's then had the best of the game till the change-over, giving the Ealing custodian some very unpleasant moments, but failing to equalise. At half-time the score stood at 1-0 for Ealing. From this point onwards, and aided by the wind, Ealing were constantly at our goal-mouth, their chief attacks coming from the right wing, which was particularly strong. They scored twice in this way, giving our defence no chance, and owing to the bad light. Shortly before time, however, from a run down by Dale and Barrow, the latter scored a well-deserved goal with a very neat shot. Ealing then made several rushes, and added two more points in quick succession. On the whole Bart's deserved better luck in this match, having much the better of the game on many occasions, but failing to utilise their chances, the result being, as already stated, Ealing 5, St. Bart's 1. Team:

E. A. Brock (goal); H. Rimington, J. Neal (backs); G. Soden, G. E. Dyac, C. R. Taylor (halves); W. P. Wippell, P. A. With, A. J. Waugh, R. M. Barrow, and W. C. Dale (forwards).

### Review.

WITH THE RED CROSS IN THE FRANCO-GERMAN WAR, A.D. 1870-1871. Some Reminiscences by HENRY RUNDLE, F.R.C.S. Eng. (London: Wernor Laurie.) Pp. 90.

The reminiscences of two campaigns have been published simultaneously by two civil surgeons who acted as volunteers. Dr. Deddoe deals with the Crimea and his experiences at Scutari; Mr. Henry Rundle with the Franco-German campaign of 1870-1871. Readers of the two narratives will realise that in the interval of

fifteen years the old system of warfare had died and the new had been born. Some of Mr. Kundt's experiences have already appeared in our pages, but we welcome the present volume, which is illustrated by photographs taken at the time, and is pretaced with an introductory note which is fittingly contributed by Professor Howard Marsh. Any profits from the sale of the book will be given to the Building Fund of the Nurses' Home at the Royal Portsmouth Hospital. Mr. Rundle provides much interesting reading, and recalls something of the lives and actions of those who have long since emigrated from this world. Amongst others he tells of Dr. Mayo, who was always a cause of wonder to the commoners at New College, Oxford. He lived for 364 days in every year quietly as an ordinary Winchester Fellow, but on the 365th he passed from the chrysalis into the imago stage and appeared in all the unfamiliar splendour of full dress uniform as a surgeon of the German army. Inquiry on that day showed that it was the anniversary of Sedan. At Bartholomew's, as a house-physician, he had been an active worker in the agitation for improved accommodation for the nursing staff—an agitation which, unhappily, is still necessary. Mr. Rundle concludes his reminiscences with some weighty conclusions about our relations with Germany, conclusions which require, and deserve, the deepest thought if the nation is to maintain its position as a first-class power.

### Examinations.

UNIVERSITY OF LONDON.

Third Examination for Medical Degrees, October, 1910.  
H. G. Smith, E. White.

M.D. Examination, December, 1910.  
Branch I (Medicine).—C. J. Armstrong Dash.  
Branch III (Midwifery and Diseases of Women).—H. B. Gibbons.  
Branch VI (Tropical Medicine).—J. P. Maxwell.

M.S. Examination, December, 1910.  
H. Blakeway, E. M. Woodman (University Medal).

### Royal Naval Medical Service.

The following appointments have been announced since December 20th, 1910.  
Staff-Surgeon J. Boyan to the "Edgar," to date February 21st, 1911, and to the "Pegasus" (Australia) on recommissioning.  
Surgeon H. B. Hill to the "Racer," additional for Osborne College, and for duties in connection with physical training.  
Surgeon W. C. B. Smith to the "Crescent," January 31st, 1911, and to the "Tamar" (Hong-Kong), undated.  
Surgeon H. A. Kellond-Knight to the "Bellerophon," on recommissioning, to date February 1st, 1911.

### Births.

HULBERT.—On January 3rd, at Muttra, U.P. India, the wife of Major J. G. Hulbert, I.M.S., of a son.  
ILLIUS.—On December 3rd, 1910, at Guntur, Madras Pres., India, the wife of Captain J. W. Illius, I.M.S., of a son.  
NEWINGTON.—On January 18th, at The Croft, Eden Bridge, Kent, the wife of C. W. H. Newington, M.R.C.S., L.R.C.P., of a son.  
ROBINSON.—On January 6th, at "West Lodge," Leominster, the wife of Charles Allen Robinson, B.A., M.B., B.C.(Cantab.), of a daughter.

### Deaths.

CLOETE-SMITH.—On December 28th, 1910, E. A. Cloete-Smith, M.R.C.S., L.R.C.P., of 1, Westbourne Street, Hyde Park, W.  
GREATHEAD.—On October 26th, 1910, J. B. S. Greathead, M.B., C.M.(Edin.), of Van Wyksfontein, Norval's Pont, Cape Colony.  
POWER.—On January 18th, at Bagdale Hall, Whitby, Yorkshire, Henry Power, M.B.(Lond.), F.R.C.S.(Eng.), in his 81st year.

### Appointments.

CANE, A. S., R.A.M.C., Medical Officer in Charge, St. John's Wood Barracks.

DOUGLAS, R. I., M.B., B.S.(Durb.), appointed Assistant Medical Officer at St. Luke's Hospital, Old Street, E.C.

TURTON, J. R. H., M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., appointed Resident Medical Officer, King Edward VII's Hospital for Officers.

WHITE E., M.B., B.S.(Lond.), appointed House-Surgeon to the Gloucestershire Royal Infirmary, Gloucester.

### New Addresses.

ARNOLD, F. S., Dormers, Bovington, Herts.  
BESWICK, R., 9, Brushfield Street, Bishopsgate.  
BOWDEN, R. T., "Rochford," Turketal Road, Folkestone.  
CANE, A. S., R.A.M.C., 3, Fawley Mansions, West Hampstead, N.W.

CAUTLEY, E., 20, Park Street, Park Lane, W.  
COPE, R., Amping, South Formosa.  
DAVIES, S. TREVOR, Heath End, Blackheath, S.E.  
DOUGLAS, R. I., St. Luke's Hospital, Old Street, E.C.  
FOLLIT, H. H. B., Clarendon, Maryborough, Queensland.  
FREMANTLE, F. E., Zetland House, next Guy's Hospital, S.E.  
FURBER, E. P., 25, Welbeck Street, W.  
GOW, W. J., 146, Harley Street, W.  
HAWKES, C. S., El Alto, La Cumbre, F.C.C.Ay N.O., Argentina.  
HAYES, Capt. A. H., R.A.M.C., Command Sanitary Officer, N.C. York.

HEATH, C. J., 34, Devonshire Place, W.  
HOPWOOD, F. LOYD, 5, Birley Road, Totteridge Road, N.  
JAMES, A. M. A., "Pen-y-Bryn," Hafod Road, Hereford.  
JONES, E. R., B.M.S., Wathen, Thysville, Bas Congo, Congo Belge.  
KEMP, J. H., 33, Constable Street, S. Wellington, New Zealand.  
MATTHEWS, Capt. E. A. C., I.M.S., 10th Lancers, Jullundur, India.

PLETTS, J. M., Willow Grange, Rishton, Lancashire.  
FRITCHARD, H., 55, Harley Street, W.  
SMITHSON, Maj. A. E., R.A.M.C., Fort Napier, Pietermaritzburg, Natal.  
TURTON, J. R. H., King Edward VII Hospital for Officers, 9, Grosvenor Gardens, S.W.  
WHITE, E., Gloucestershire Royal Infirmary, Gloucester.  
WOOD, M. D., Manor House, Copnor, Portsmouth.  
WRANGHAM, J. M., Cliffe Cottage, Ripponden, near Halifax.

### NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.  
A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d. or carriage paid 2s. 3d.—cover included.

# St. Bartholomew's Hospital



## JOURNAL.

VOL. XVIII.—No. 6.]

MARCH, 1911.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal,

MARCH 1st, 1911.

"Æquum mentem rebus in arduis  
Servare mentem."—Horace, Book ii, Ode iii.

### Calendar.

Wed., Mar. 1.	Hitchens Prize. Applications for Luther Holden Scholarship to be sent in. Clinical Surgery. 12.45 p.m. Mr. Bruce Clarke.
Thurs., "	2.—Clinical Gynaecology. 9 a.m. Dr. Griffith.
Fri., "	3.—Dr. West and Mr. Bowlby on duty. Clinical Medicine. Dr. Ormerod.
Mon., "	6.—Special Lecture. 12.45 p.m. Dr. Fletcher.
Tues., "	7.—Dr. Ormerod and Mr. Lockwood on duty.
Wed., "	8.—Clinical Surgery. 12.45 p.m. Mr. Bruce Clarke.
Thurs., "	9.—Clinical Gynaecology. 9 a.m. Dr. Griffith. Abernethian Society. Dr. Horder. "The English and Foreign Cures."
Fri., "	10.—Dr. Herringham and Mr. D'Arcy Power on duty. Clinical Medicine. 12.45 p.m. Dr. Herringham.
Mon., "	13.—Kirkes Scholarship and Gold Medal. Special Lecture. 12.45 p.m. Dr. Lewis Jones.
Tues., "	14.—Harvey Prize. Junior Practical Anatomy. Dr. Tooth and Mr. Waring on duty.
Wed., "	15.—Senior Practical Anatomy. Clinical Surgery. 12.45 p.m. Mr. Bruce Clarke.
Thurs., "	16.—Abernethian Society. Annual General Meeting. Clinical Gynaecology. 9 a.m. Dr. Griffith. Senior Scholarship. Junior Scholarships.
Fri., "	17.—Dr. Norman Moore and Mr. Bruce Clarke on duty. Clinical Medicine. 12.45 p.m. Dr. Tooth.
Mon., "	20.—Special Lecture. 12.45 p.m. Mr. Harmer. 2nd Examination for med. degrees (London), Part II begins.
Tues., "	21.—Dr. West and Mr. Bowlby on duty.
Thurs., "	23.—2nd Exam. for med. degrees (London), Part I begins.
Fri., "	24.—Dr. Ormerod and Mr. Lockwood on duty.

Mon., Mar. 27.—Cambridge Lent Term ends.  
Tues., " 28.—Dr. Herringham and Mr. D'Arcy Power on duty.  
1st Exam. Conjoint Board begins.  
Fri., " 31.—Dr. Tooth and Mr. Waring on duty.  
Winter Session ends.  
2nd Exam. Conjoint Board begins.  
Essays for Wix and Bentley Prizes to be sent in.

### Editorial Notes.



I have been speculating as to the meaning of those neat little metal trays which have recently appeared to embellish the shelters in the square. They, of course, represent much careful forethought on the part of the authorities, so that we particularly wish to welcome them and to realise their true value. They cannot, we think, be ash-trays, for on a windy day they would carry the ash even nearer one's eyes than if they were not used—we have tried, so we know. Perhaps they are merely the commencement of a general scheme of redecoration in preparation for View-day! But a more probable suggestion is that they are to be filled with bread-crumbs every morning so that the birds should not perish in the cold March winds! Yes, of course, that's what they are for! There must be a new "League for the Preservation of Our Poor Feathered Pets" somewhere in the hospital!

A NURSING Pageant, held at the Connaught Rooms, on Saturday, February 18th, by the National Council of Trained Nurses of Great Britain and Ireland, appears to have been a distinct success. Its object was to gain further support for the Bill for the State Registration of Trained Nurses. The St. Bartholomew's nurses apparently took a leading part in organising the Pageant and carrying out the programme, and it is gratifying to hear that any demonstration in aid of a cause our nurses apparently have so much at heart was such an unqualified success.

THE Service notes that we publish each month show that there is a very fair sized contingent of old St. Bartholomew's men in the Army, Navy, and Indian Medical Service. We have noticed how very rarely contributions by men in any of the Services are published in the JOURNAL. Yet there are several little by-paths both in medicine and surgery where the special knowledge gained by men in the Services would be of distinct value to the other readers of the JOURNAL, perhaps more particularly to those in general practice. Such clinical material we would be very pleased to receive.

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THE Publication Committee have, in fact, for some time past been considering how best to systematise the collection of clinical contributions for the JOURNAL, and we hope that shortly a scheme will be evolved whereby the specialist's knowledge of any particular section of old Bart.'s men will be of benefit to the remainder. For the success of such a scheme the Publication Committee will be dependent upon the keenness and amiability of those whom we have in view as possible contributors.

The idea, if carried out, should considerably lighten the labours of the Editor; we leave it, therefore, as a legacy to our successor.

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FOR with this issue we conclude another editorial year. To voluntarily undertake more work, when there is so much that is compulsory, may seem strange, but we have found the extra duties by no means always unpleasant, and on occasion we have experienced not a little of amusement while in the editorial chair.

But the JOURNAL gains much from its yearly influx of "new blood": so we wish him who follows the best of success.

\* \* \*

WE congratulate the following gentlemen, who have been nominated as Resident Medical Officers:

Dr. NORMAN MOORE	(April . . . R. Ellis. October . . . Deferred.
Dr. S. WEST	(April . . . J. C. John. October . . . Deferred.
Dr. ORMEROD	(April . . . A. Feiling. October . . . A. E. D. Clark.
Dr. HERRINGHAM	(April . . . P. Hamill. October . . . J. W. Trevan.
Dr. TOOTH	(April . . . H. G. Baynes. October . . . Deferred.
HOUSE-SURGEON TO MR. LOCK- WOOD—	April . . . M. Bates.
INTERN MIDWIFERY ASSISTANT—	April . . . M. Donaldson.
EXTERN MIDWIFERY ASSISTANT—	April . . . P. F. Wilson. July . . . B. A. Playne.
OPHTHALMIC HOUSE-SURGEON—	April . . . H. S. C. Starkey.
HOUSE-SURGEON TO THROAT, NOSE, AND EAR DEPARTMENT—	April . . . B. Biggar.

## The Psychology of Modern Writers of Fiction.

By T. CLAVE SHAW.

THE modern novelist is, whether he knows it or not, essentially a psychologist. In this he differs from other classes of literary men, because he is not merely a compiler or a narrator of facts and passing events; he is much more than this—he is a creator, a man of imagination, and his engrossing topics are Nature and human nature. He mostly appeals to the emotions, and his stock-in-trade, the instrument upon which he plays many tunes, is, indeed, not one, but a whole orchestra, in which he is both conductor and performer. And this is why the public like novel-reading, and why they prefer certain authors, because of the element of sympathy, of consonance and re-inforcement to which they find themselves attuned when their inner self is stirred, in harmony or dissonance, with the writer of their choice. The relaxation and rest which people find in fiction reading is not of the same order as the curiosity they have in opening the morning paper to know how the world has wagged during the few last hours; it is more that they like to note in an easy sort of way, without particular effort, the things which are brought into consciousness as part of themselves, which interpret their own way of thinking, which rise to them as easily recognisable states, giving an analysis of their own mind placed before them in a seductive and entrancing manner which saves the trouble of the rigorous tedium of introspection.

In many respects novelists resemble painters, who shade from the highest flights of the sublime and tender emotionalism of Raphael to the obscure delirium of Félicien Ropps, and in both departments of art, the gruesome and fantastic and the sublime and tender, have each of them their admirers. Perhaps in painting the amenities are better preserved. One could scarcely tolerate more than an occasional glimpse at the horrors of a Wiertz gallery, but the soft glories of Hoppner and Reynolds are a joy for ever. The novelist may give us the meretricious, or the noble, or the depraved side of character, but we have soon done with it, and if disagreeable we can return the book to the library and it need not cumber our book-cases. The scamy side of life and the descriptions of all that is horrible, the drawings of Rackham, the blood-thirsty melodrama of the stage—all these are forcible and appeal to the interest of readers and audiences because they are but replicas of what they see going on around them, and are therefore easily assimilated; they flatter the vanity of the outsider, too, because he thinks himself well qualified to act as a critic; but the ideals of what is noble and gentle, of the soft outlines of character, are insipid and unattractive; they are called mawkish and sentimental, and are only

sought after by the few; they are not, sad to say, always recognised by the many as being true in life, and as there is less of the element of curiosity invoked, there is not the same spell of fascination.

I have often thought that the imaginative writers might be able to afford us some clue to the phenomena of mind in its transcendental aspect, that in the higher flights of these gifted men we might find some trace of forms of mental action of a different order from that of the common intercourse of society as we know it. I hoped that the phenomena of the spiritual side of mental life might be made accessible and illuminating by idealists whose sphere of observation transcends ordinary experience. From this point of view I have read the sublime writings of poets and of divines of the first order, but without receiving illumination upon this debatable side of mental life; nothing have I found which, when reduced from high-flown language and metaphor to plain diction and imagery, has afforded any insight into proof of the belief that in the doctrine of psycho-physical parallelism there can be, by the destruction of the physical element, a possible remanent in the permanence of the psychical. Perhaps Emanuel Swedenborg is the one from whom we might expect the greatest enlightenment, for he assures us that (*Angelic Wisdom*, sec. 82) he once heard the Angels talking with Newton about vacuum, and again (*op. cit.*, sec. 131) he says: "It has been granted to me to see the Lord as a sun." Now Swedenborg was something of a physiologist; he says: "The will corresponds to the heart, the understanding to the lungs." Crude enough physiology, perhaps, according to present views, but interesting from his acceptance of the combination of somatic and spiritual processes.

In other places he talks of the spiritual structure of angels, from which it appears that there are pairs in all things—"there are pairs in the eyes, ears, and nostrils, the brain is divided into two hemispheres, the heart into two chambers, and the other members in like manner. All the right parts have relation to love, out of which wisdom comes, and all the left parts to wisdom out of love." All this makes it difficult to believe that when Swedenborg saw and heard angels he had in his mind anything more than attenuated images of physical structures as we know them, just a human embodiment, with white wings and an ethereal expression—as you may see in one of Raphael's pictures, or in an ordinary Christmas card. There is nothing new in this, but the views of Swedenborg merit more attention than they get—many of them look like subjective hallucinations—because they are certainly calculated to place the reader in an atmosphere different from the one in which he generally lives, and we cannot rise from a perusal of them without feeling that we may have been inducted into a world of processes of an order varying from the physical and yet connected with it, a new world interpreted by a man of high sensibility, who "saw" what he expounded. To the

ordinary man a new and complicated scientific process comes as a thing wholly unintelligible, but if it is explained he is able to receive and to understand it, the astounding revelation becomes quite a simple affair, and after education the enlightened one is astonished that he did not see it before. To bring an ordinary mind face to face with the differential calculus is to place it in a new world, the meaning of which it has at first no conception, but after a time and under proper instruction the difficulties disappear, and what was unintelligible jargon becomes clear consecutive reasoning. So it is with all science—the pioneer can induct his followers into the unknown country, and they become as expert in finding their way about as is the discoverer. An experiment can always be repeated, and the same results invariably follow. But what about phenomena of the occult? Is there a constancy about them? Can they be reproduced with scientific accuracy so as to make the unbeliever and the ignorant appreciate the new science, and be able so to handle the so-called facts as to reproduce them at will? It may be said that they belong to a different order, that only certain classes or forms of mind are capable of commerce in them, and that they must therefore be more or less caviare to the general. If so, then spiritualism can only be a science for the few, for those attuned to a different order of things from the rest, for those who are on a platform inaccessible to, and incomprehensible by, less favoured mortals, who must continue in darkness because they do not possess the mechanism by which they can see light; people who must wait until, by a process of selection and evolution, a new race is developed, which can without difficulty apperceive what are, up to now, mysteries! But what do we find if we try to analyse the specially favoured class which arrogates to itself an intimacy with this unknown and of the spirit world? There is certainly no scientific exactitude about it. There is a deal of talk about astral planes and "mediums," of being harmonised in sympathetic vibration (an analogy probably taken from wireless telegraphy and based upon some theory of vibration-energy), but there is no certainty in the experiments, they cannot be reproduced, and the results are so far insignificant, of no value to the race in general, and as to the elect themselves, profitable only in the departments of mystery and money-making. In his later days Mr. Marion Crawford became very psychological, though, like most of the fiction-writers, his psychology was of the subjective variety; he analysed his own feelings and ideas and described them as if they represented those of other people, but he often made mistakes, because to study psychology from introspection is not sufficient: there must be objective and systematic study of it as well. And here it is that, in my opinion, writers of this class fail; they have not studied psychology in its length and depth, and what they have chiefly to give us is introspection, elaborated, of course, by a wealth of personal detail and felicitous expression, but in essence so opposed to scientific

truths—with which, indeed, they ought to be in complete harmony, as to force the conviction that what they are stating is not the innerness of a new science of which they are the favoured exponents, but is nothing more than imagination running riot, upsetting and marvellous in its wild collision with the solid truths of experimental knowledge, but when reduced to order and brought into subjection seem to be nothing more than an unstable super-structure conflicting with the first principles of stability. One of the latest entrants to the domain of the spiritual and the supernatural is Mr. Horace Annesley Vachell, who, in his book entitled *The Other Side*, has given us a wonderful story of his conception of a spiritual existence separated from the corporal. I have it from Mr. Vachell himself that he is not trained in psychological reading, but that he wrote the book in all seriousness, an embodiment of ideas arising in the course of an eventful life, at times far away from the haunts of men in circumstances calculated to evoke all the splendour of imagination and description for which the author is so well known. Mr. Vachell's story concerns a musical genius who meets with an accident in a motor-car drive, and we are introduced to the spirit of this man looking upon his mutilated, but not actually dead, body lying in the middle of the road. The protagonist of the story, "David," then has a separate existence, whilst the badly hurt body is undergoing gradual restoration to complete consciousness and ultimate cure in other surroundings, after which, as far as can be gathered, the spirit re-enters the restored corpus and resumes its antecedent relations. During the period of separation the spirit of David is invisible to others, it is able to move freely about, it has memory, reasoning power, consciousness, feeling, and emotion; in a word, a complete equipment of mental paraphernalia, but it does not appear to be capable of influencing other people. It is rather difficult to follow the author in his story of the re-incarnation of the spirit of David, but perhaps this is intended to happen at the time when the body regains consciousness, a gradual fusion implying a dual existence up to the moment of complete re-union.

If the body of David had been actually killed it would have been easier to have followed Mr. Vachell in his separation of the psychical and the physical, but that, of course, would have spoilt the narrative, which has to portray the further life-history of a man whose mental and motor parts have for a time been disassociated. However, here we have a body which is actually alive, though unconscious, where a separation has occurred between the purely intellectual and the simple organic manifestations? Is such a theory possible? Our experience derived from serious accidents and head injuries is that where life remains, but there is no external manifestation of internal consciousness, there really is no internal consciousness, for the patient's testimony on this point after recovery is that there is an

utter blank in mental manifestations—he can tell us nothing; but since he was undoubtedly alive, we may ask what has become of those manifestations of mind which were there before the accident? Are they hovering about in a separate existence of their own, and in a spiritual state, waiting for the recovery of the brain through which alone they can manifest themselves, matter which they can again occupy when re-swept and garnished; or are there no such immaterial essences, and is the truth just this: that brain and mind are the same thing, and in killing or injuring one you do the same to the other of necessity, because the one is the other? One can conceive Mr. Vachell's theory to be possible. It may be allowed that if the brain is so injured that the higher intellectualism is abolished or made latent, there may still be integrity of the parts ministering to organic life, and capable of carrying on these purely animal functions until the time arrives when the injured upper-brain structures recover and resume work. It is the temporarily suspended functions of which Mr. Vachell makes his spiritual David, his ethereal Frankenstein, and there is nothing incongruous in what he surmises if it is once allowed that the relation between mental processes and nerve structures is not of a causative kind, but just one of parallelism—a doctrine to which many psychologists incline, and for which much can be said.

When people talk of the occult and of the spiritual life they seem to conclude that what constitutes their new world are such functions as will, memory, apperception, etc., in an independent form, disrupted, as it were, from the gross structure with which they were connected. This is evidently Mr. Vachell's view, but there is no certainty that this is the true nature of spiritual processes, granting that they exist. Life, force, energy, any term you like to give to that which actuates bodily structures, which makes the difference between the organic and the inorganic, is possibly a very different thing from what we are at present capable of perceiving. We may not, indeed, even be on the correct track for the discovery of the nature of it. Mr. Vachell and his school give it what is really a corporate existence; they talk of it in terms of objectivity, just as if it was ordinary matter, whilst all the time they profess to have something very different in view, though when reduced to plain terms it is no novelty—merely the same thing in other guise. What they postulate of a spirit removed from the body is that it would have memory (through which would recur feeling and emotion), ideas of movement (through what is termed in psychology the "muscular element of thought"), and hence of time and space, besides other remnants of past experiences—a directing will-power to choose between this and that, and so on to a complete enumeration of mental processes as we usually describe them. They seem to think that a mind separated from the body is a sort of moulded mask, retaining in some vague ethereal way the shape of the structure of which it was the partner, in which case each

"spirit" would be an individual replica of the original. Hence ghosts and spiritual manifestations appear to be incapable of further influence because they are attuned only to certain definite forms of organisation, except that they appear to be allowed to vibrate in harmony, *anglicè* to manifest themselves with other kindred spirits or with structures attuned to their temperament. Whether mental processes dissociated from the body would be capable of evolution and further development—as David goes through in his dual existences—is a debatable point. If we introspect mind when seen in the living body, we notice that when at work it (mind) seems to be independent; it actually disregards the body, of the existence of which it takes no notice, leading its own life and proceeding to higher planes of involution and development within itself, and so far Mr. Vachell may claim that this is in accord with his supposition that when subtracted the spiritual mind can proceed to new things; but so far as we know brain power and brain structure develop together, whilst in David there was only brain power—the brain structure was negated.

According to Mr. Vachell his readers may be divided into two classes—those who believed that David really died, and those who think that he did not die but that life was suspended. In either case (he says) the spirit returns to the body within a few hours of the accident, and the protagonist does not afterwards recollect any details concerning his spiritual wanderings, although allusions by others seem to arouse in him flickering flames of remembrance. The former hypothesis converts the whole thing into a miracle with which we can go no further; the latter is the only one that we can discuss. The only positive account of the actual separation and temporary reunion of mind and body is that given in the Gospels, where Christ reappeared to His disciples in the walk to Emmaus. Of what happened to Lazarus after his resuscitation from the state of a three days' death we have no information. In the history of Christ there was no actual spiritual manifestation, nothing but a bodily re-appearance, and nothing is said which gives us any clue as to the nature of the spirit which fled after the death of the Body of Christ, nothing, indeed, beyond the fact of its temporary re-union with the Body and of certain occurrences in the conjoined state up to the final ascension. Just as the people of those days were mystified, so are we now. The sceptics of that time are the prototypes of the scepticism of to-day. It is no more possible now than it was then to separate spirit and body and to re-unite them at will or by any other agency than it was then. We listen to stories of apparitions, of forebodings, of warning dreams, and sometimes we act upon them, or when they come true, as occasionally they seem to do, we regret that we did not make more use of them. Anyhow, we hesitate to mention them because of general disbelief in their validity, and because they depend merely on assertion and cannot be put to scientific experimental proof.

In the same way Mr. Vachell's story is but assertion and imagination. He gives us no clue to any new aspect of mind; in a word, he materialises in the old way a disembodied spiritualistic content of functions which we can all understand from his point of view. Whilst they lead us no further into the *terra incognita*, they lift the veil, and show us—impenetrable darkness! All the same, it is a remarkable thing that an author who does not profess to be either a psychologist or a physiologist should, solely by introspection and imagination, have produced a story which in some essentials receives the seal of possibility from the most recent theories of mental physiology. The scientific world, which regards only facts which can be verified by experiment, does not refuse to entertain the experiences of the occult which are from time to time related by persons of undeniable veracity and of exceptional temperament, but it calmly awaits the time when experiment on this side of the grave will be able to settle all doubt, and prove that there is a spiritual as well as a corporate body. Will such proof ever occur to immortalise the century of its discovery, or is the nature of the phenomenon impossible of conception and of proof, of an order so differing from ours that it can play upon and use us whilst eluding our power to turn round and try to capture it?

Perhaps men of the class of mind of the author of *The Other Side* are our only connecting link, and the hypotheses which they bring forward must not be disregarded, for they may be the pioneer-torches to show the track which leads to a knowledge of something we all seem anxious to attain, though the possession of it might, perhaps, give cause for regret; for, depend upon it, it would have its penalties, as appears to be the inevitable result of closer intimacy with the tree of knowledge.

### Notices.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following are the dates on which the Examinations will commence in the year 1911.

#### DIPLOMA OF FELLOW.

*First Examination.*—Thursdays, May 4th and November 2nd.

*Final Examination.*—Thursdays, May 18th and November 23rd.

Candidates are required to give not less than fourteen clear days' notice in writing of their desire to present themselves for either of these Examinations to the Secretary (Mr. F. G. Hallett), Examination Hall, Victoria Embankment, London, W.C.

### Malignant Pustule.

By W. GIRLING BALL, F.R.C.S. Eng.

**T**HERE are many conditions which come under the notice of a resident of a large hospital in London, of the existence of which he is fully aware, but which at the same time he is always afraid will pass through his hands unnoticed. I think there are few conditions of which he is more afraid than the one which I am now going to describe. The term "malignant pustule" is one which aids towards this difficulty, because the title itself is a very misleading one. It is one of the characteristics of the lesion that there is no pus formation at any time, unless there has been an infection secondarily produced on top of the initial lesion. The name which more correctly describes this condition and which at the same time delineates the nature of the infection is "cutaneous anthrax." During the ten years following from 1899 there have been treated in this hospital twenty cases of cutaneous anthrax, and it is the change in the line of treatment adopted that led me to write this article. It will be noted that as far as the records of our Hospital go the condition is a rare one, but this does not in reality give the true relation of the frequency of the condition. At the end of 1909 I was very kindly granted the permission of the Home Office to examine the records of all the cases of anthrax which had occurred in this country in the five years from 1905-1909, and the number totalled 277 cases, so that in reality the condition is a comparatively rare one, seeing that all cases of the disease have to be notified to the authorities.

There are two parts of the country mainly responsible for the disease, namely, in the neighbourhood around Bradford, where the people dealing with the sheep's wool are affected, and in London, where it occurs among the hide porters of Bermondsey. The type of the disease varies in these two districts, for in Yorkshire it is the lungs which are affected most commonly, the disease going by the name of "wool sorter's discase," whereas in London it is the skin which is more commonly affected. There is yet a third class of people who have cutaneous anthrax, namely, the workers in horse-hair factories, and it is from one of these institutions that the majority of the cases which have been hitherto dealt with in our Hospital come. Referring to the records of these, it will be found that in fourteen cases there is a history of infection through contact with horse-hair, in one the patient had to deal with hides, in one the man was a butcher, in one infection arose while the patient was slaying a bullock who was suffering from the disease, a warehouseman, a waterside labourer, and a leather worker being responsible for the remaining lesions. It will be seen, from this that infection is brought about by contact with the hides of animals which have been infected with the disease.

In certain parts of the world animals are attacked by anthrax as an epidemic which proves to be a very fatal condition. Great attention is now paid to the examination of the hides which come into this country with the object of preventing the spread of the bacillus among the workers, and the records show that the number of people infected are diminishing in number each year as a result of this.

The ox and the sheep are the most susceptible to the infection; man, on the other hand, is much less so, as can be readily recognised from the fact that in the latter the lesion which is produced is much more prone to remain localised.

Let me now describe the lesion which occurs in cutaneous anthrax. It usually starts as a small red pimple, which is painful and gives rise to a considerable amount of irritation. This papule is surrounded very rapidly by a ring of inflamed tissue, very red or even purple in colour, and markedly oedematous. Within a couple of days, as a rule, the central portion of this area becomes vesicular, the vesicle subsequently bursting, and together with a piece of necrosed tissue underlying forms a black scab, which is called an "eschar." Around the edge of this eschar is a ring of vesicles, and yet, again, around this is the inflamed area, which by this time has spread, the edge gradually fading off into the surrounding tissues. It is important to remember that there is no pustulation throughout this process unless some secondary infection has taken place. This is the so-called malignant pustule.

It is another feature of the disease that the lymphatic glands draining the affected area rapidly become involved.

It is very rare for the micro-organisms to be found in the blood-stream; even in fatal conditions it is not usually found in the heart's blood or the spleen. From this it is presumed that the symptoms of general constitutional disturbance which are associated with the local manifestation of disease are due to the action of toxins manufactured in the local lesion. Of the 277 cases above mentioned there were 64 deaths. Of these in only 7 of them is the presence of the bacillus in the blood stream recorded.

The site of the lesion is most commonly on the face, along the lower margin of the orbit and the malar bone, or on the forehead. The next most common situation is the neck; and, thirdly, the forearm. Occasionally it has been found in other situations, such as the buttock and scrotum, but for the most part the lesion is situated on the exposed part of the body, and this usually varies with the occupation of the patient. To give some idea as to the frequency of involvement of these various situations, it is interesting to note that in the 277 cases before mentioned, 190 of the lesions were situated either on the face or neck, 58 on the arms or legs, in 2 on the trunk, and in 27 the lesion was internal—that is, either affecting the lungs or intestinal tract.

With regard to the diagnosis of the condition there are

several investigations which are of service. In the first the clinical recognition of the place lesion is of first importance, and in its most characteristic manifestation there ought to be no difficulty. But this does not, as a rule, become evident until the second or third day after the infection has commenced. In the earliest stages it most nearly resembles the ordinary boil, but its position is a little unusual for a furuncle, for although the latter may occur on the face and front of the neck it is more commonly seen on the back of the neck, whereas the lesions on the neck in cutaneous anthrax are most commonly seen just below the chin or on the anterior aspect of the neck. Assistance is also given by a knowledge of the occupation followed by the patient, who very often readily volunteers the information, he being aware that he is liable to the disease, or it may be that he has seen some similar condition amongst his friends. In the case of doubt a bacteriological examination should always be made; it is strongly urged that this should be done in all cases, even those beyond doubt, in order to put the diagnosis on a proper scientific basis. The material for doing this should be obtained either from one of the vesicles which contain clear or blood-stained fluid, or if these be not present, from the under surface of the scab, which, as a rule, can easily be raised from its base. Film preparations are then made and the bacillus responsible for the condition sought for. It is readily recognised on account of its large size, by the squareness of its ends, and the property which it possesses of staining by Gram's method.

Having made the diagnosis of the condition from the characters of the lesions, and by the information obtained by the film preparation, further confirmation is obtained by making cultures from the same sources on agar media, on which at the end of twenty-four hours a characteristic growth is obtained, and in the same cultures spore-formation can be demonstrated. There should thus be little difficulty in arriving at a diagnosis, but owing perhaps to the fact that the patients do not come up for treatment until the original characters of the lesion have become masked, or else due to the inflammatory reaction set up by secondary infections, it may be that some information may be obtained as to the nature of the disease by making a blood cultivation. But this, as already stated, seldom gives positive evidence.

Associated with this local condition there is always present considerable constitutional disturbance. The patient looks ill, as a rule more so than the condition could be given the credit of producing. There is fever, often reaching as high as 101-103° F.

Now let me turn to the various methods of treatment which have been adopted. Several have been suggested from time to time, including palliation, incision, excision, excision with cauterisation, cauterisation, and serum-therapy.

Those now most commonly in vogue, however, are complete excision when the lesions are in such positions that the removal of large areas of skin is possible, as on the forearm, excision with cauterisation when situated on the face, and serum-therapy. The latter method is usually combined with the two former when these have been carried out.

Until within the last six years the methods of excision only have been used and the results obtained have thoroughly justified their adoption, for in the very large majority complete recovery has been the rule, the only cases in which fatal results have occurred having been those in which the patients have not applied for treatment until the disease has been considerably advanced, and toxic absorption has been taking place to a very marked extent. But certain disadvantages obtain to this method of treatment. One of the most serious of these is the size of the scar that necessarily is left if a sufficiently large area of skin is removed in order to take away the whole of the diseased area. This is of no serious import if the lesion is situated on the forearm, but if it should be placed just below the orbit such an area of skin will be involved that the contraction of the scar-tissue is liable to cause an eversion of the lower lid and its subsequent complications. This being one of the situations in the body which is most commonly affected, there is thus much to be said for any treatment that will obviate the necessity of producing a large scar. This is disposed of to a very great extent by the use of serum-therapy. Scavo, an Italian observer, prepared a serum, which is named after him, by giving to asses repeated inoculations of attenuated anthrax bacilli combined with doses of anti-anthrax serum.

The immunity is thus produced by both active and passive methods. Increasing doses of each are given over a period of two years, at the end of which time the blood is withdrawn from the animal and found to have anti-bacterial properties. It is curious that the ass should have been chosen, for it is not particularly susceptible to the action of the living bacillus, but still, after repeated experiments, it was found that this animal gave the most potent serum for the purpose. It is tested by the degree of protection which is given to rabbits when inoculations of living bacilli are given subsequently. Several other sera are in use for the protection and treatment of other animals, but this is the one most commonly used in the treatment of human anthrax.

The serum should always be given in large doses, 40 c.c. at least being inoculated into the subcutaneous tissues. The site most conveniently chosen is the anterior abdominal wall, where the dose can be divided up and given into four different areas of tissue. The immediate results are sometimes rather startling, for not only does the appearance of the lesion appear to get much worse during the next twelve hours, but the temperature rapidly rises and the

patient becomes very ill. This is followed by a period during which a recovery is made, the temperature falling to normal, the size of the inflamed area diminishing, and the bacilli disappearing from the lesion. In more than one case that has been repeatedly examined the bacilli have disappeared from the lesion within twenty-four hours; in one case which I examined no bacilli could be demonstrated at the end of fifteen hours. The process of healing is straightforward from this time onwards. At the end of about a week or ten days the scab comes away, and the ulcer which is left, being quite small, heals, leaving an almost imperceptible scar, without, as a rule, any of the attendant complications above mentioned.

The first patient treated in this country with serum only, was in this hospital. The lesion had been present on the man's forehead for about six days, and at the time of his admission it had the typical characters of the malignant pustule as described above. The temperature was raised to 101.8° F. The glands in the neck were also much enlarged. Anthrax bacilli were demonstrated in the lesion. Forty cubic centimetres of the serum were inoculated into the abdominal wall in two doses of 20 c.c. with an interval of half an hour. The immediate result of this was that the oedema around the lesion slightly increased and the glands became more tender, remaining so for three days and then subsiding. At the same time the temperature fell to normal and remained there. No bacilli could be found in the lesion at the end of thirty-six hours, and at the end of a month the patient left the hospital with "hardly any scar."

The second patient treated was also in this hospital almost at the same time. He had a similar lesion on his forehead which had first been noticed eight days previously. The lymph-glands in this case were not enlarged. A similar method of treatment was adopted; the local reaction subsided at the end of forty-eight hours. In this case bacilli could not be demonstrated in the lesion at the end of nineteen hours, they having been found before the injection was given. The scab separated on the eighth day; the scar having almost healed on the twenty-second day.

The third patient had had the lesion for two days. He was similarly treated, with a similar result, the only difference being that the bacilli had disappeared at the end of fifteen hours, and the lesion had completely healed at the end of twelve days, leaving a scar which it was difficult to detect at the end of two months.

The fourth case treated in this hospital was one which gave evidence of the severe reaction which may follow the inoculation of the serum. The lesion was of typical characters, just below the orbit on the right side of the face. The condition had been first noted four days previously. Cultures were made from the lesion and the bacillus demonstrated. One of the features of this case was the absence of the ring of oedema which is usually found around

the eschar. The temperature was 103° F. No enlarged glands could be felt.

For the eight hours following the inoculation of 30 c.c. of serum the temperature gradually rose until it reached 105° F., and then fell gradually to normal. Growth was obtained from the lesion up to eighteen and a half hours. During the twenty-four hours following the injection the patient complained of severe headache; there was no nausea or vomiting. The eyelids of the right eye became cedematous, and eventually "closed." The glands in the neck showed no change; gradually the condition cleared up, the patient leaving the hospital with a healing scar eighteen days after his admission.

These four cases are those which have been treated within the last ten years by serum only at this hospital; three others have been treated by a combination of serum-therapy and excision, and the remainder by excision only. Now it is maintained that the advantages of the serum-therapy are, firstly, that when the lesion is situated on the face, a disfiguring scar and its complications are avoided; secondly, that the duration of residence in hospital is diminished—a point of much importance to the class of people among whom cutaneous anthrax is likely to be found; and thirdly, that the danger of having a large granulating area, such as it is necessary to leave after excision of the lesion, is avoided. Referring to the cases treated in this hospital by excision, in one case only is there any mention of the scar, and this was in a situation in which it did not appear to be of much significance, namely, on the buttock, and this is described as having been very disfiguring. It does, however, show that it may sometimes be necessary to remove large areas of skin in order to be able to eradicate the disease. In no case did a patient show any marked evidence of septic absorption from the production of a large area of granulation-tissue, and yet, again, when the duration of residence in hospital is referred to, it is found that the average time required for treatment in excision and serum-therapy is approximately about the same, namely, eighteen days. But dealing with such a small number as twenty cases gives hardly fair evidence as to the value of a serum. Legge, in examining ninety cases of cutaneous anthrax treated by excision before serum-therapy was introduced, found that the average time required for treatment by excision was seventeen days, and this he considered ought to be diminished if possible.

With that object in view he went to Italy to investigate the methods of the Italian professors, and returned to this country in order to try the methods there adopted. The first cases treated were those above mentioned. In the Milroy lectures he published very full records of 67 cases, 56 of which were treated by serum alone, the remaining 11 having had some form of local treatment, e.g. excision or cauterisation. These had all been treated in Italy by Italian observers. As the result of their treatment every

case recovered with the exception of two. In the large proportion of cases treated by serum alone, 44 were on the face and neck; in six excision was combined. In the two cases which died, the treatment was not adopted until the patients had become too ill for recovery to be expected. In the 44 cases treated by serum alone, the average time required for observation was eight days, the longest time being sixteen days—a marked improvement as compared with the eighteen days above-mentioned.

The records go on to state that in 25 cases there was no scar, in 5 hardly any scar, in 10 cases a slight scar, and in 2 cases some loss of tissue.

Scavo himself records 164 cases treated by serum alone with 10 deaths—6.1 per cent.—all of which he states were in an advanced stage of disease, whereas the total death-rate from anthrax through Italy during the same period was 24 per cent.

By the courtesy of the authorities at the Home Office, especially Dr. Legge, I have been allowed to examine the records of all the cases of anthrax that have occurred in this country since 1905, the date of the introduction of the serum.

There have been 277 cases of anthrax in all its forms during that period. It is interesting to note that the number of cases during that period has diminished somewhat, possibly owing to the greater precautions taken with regard to imported hides and wools. Of these 277 cases there have been 64 deaths, i.e. 23.1 per cent. Of the fatal cases, 44 had cutaneous lesions, 13 had disease of internal organs, and only 7 had bacilli in the heart's blood after death, without obvious lesions, and described as anthracæmia. Forty-two cases have been treated by serum only, 69 have had serum combined with some form of local destruction, 131 cases had excision, and 35 received no treatment.

Of the 42 cases treated by serum alone there were 13 fatal cases, but 8 of these had internal lesions, only 5 having cutaneous lesions; thus the death-rate in cutaneous anthrax treated by this method is 14.1 per cent. The results have thus not been so good as those recorded by Scavo, but it must be remembered that he was working in a district in which the people were constantly on the look-out for the lesions, and thus treatment was adopted at the very earliest opportunity. In all the fatal cases in this country the disease was far advanced, with one exception. All the cases of internal anthrax died mostly without a diagnosis having been made.

Of the 69 cases treated by excision combined with serum-therapy, 14 died, the fatality thus being 20.3 per cent. Here, again, the question of late diagnosis plays an important part.

131 cases were treated by excision alone, and 11 died (8 per cent.)—a very satisfactory result indeed. From the records it appeared that excision was the best means of treatment, but with early diagnosis that serum-therapy was

equally as safe. In those cases that died most of the patients succumbed within twenty-four hours, thus indicating the severity of the disease. It is not claimed that Scavo's serum has any marked advantage over excision as far as recovery from the disease is concerned, but it is claimed that recovery is more rapid, a point of much importance to the working man, granted that the method is equally safe, and evidence goes to show that it is so; and secondly, that in situations where it may be difficult to remove the lesion, as on the forehead, or without leaving a conspicuous and at times disfiguring scar, as on the face, then the use of the serum is an advantage. The majority of lesions of cutaneous anthrax do occur on the face, and it is to this class of case that Scavo's serum is especially applicable. Of 257 cases of cutaneous anthrax, 190 occurred on the face, and of the total number of 64 deaths, 36 died with such lesions. To combine serum-therapy with excision is, of course, a good line of treatment, for it makes safety doubly sure. It has been urged by some observers that the lesions of cutaneous anthrax will disappear spontaneously, and that serum-therapy and other methods of treatment are unnecessary. It is true that there are some cases in which this has occurred, but the records do not support the view that this method is justifiable. In this series 23 cases were untreated, and of these 13 died.

The method of treatment is not without the support of animal experiment, for Scavo inoculated animals with living virulent anthrax bacilli, and showed, using controls, that the animals would recover. There appears to be some doubt how the serum acts, but it is thought to have bactericidal properties, although this cannot be shown in the test-tube. The rapid rate of disappearance of the bacilli from the lesions tends to support this view. With some confidence, therefore, it can be stated that this serum is of considerable value in the treatment of cutaneous anthrax, and granted that the diagnosis is made early, is equally as safe as excision. It has the advantage over the latter that it can be used in such cases as when the lesion is situated on an inconvenient site for excision, such as the eyelids, face, forehead, etc.; moreover, the scar which results may be so small as to be inconspicuous. It is the only method of treatment if the patient refuses an operation. It is quite a harmless method of treatment, very large doses having been given without obvious evil effect. Large doses should be given as the initial inoculation, never less than 40 c.c. being the amount. In some cases it has been given into the veins, but usually the subcutaneous tissues of the abdomen are utilised. An increase in the symptoms is to be expected during the following twenty-four hours, at times the reaction being very severe, but rapidly subsiding.

## Calmette's Tuberculo-Ophthalmic Reaction.

By CECIL F. LILLIE, M.A., M.D. Cantab.

APPEND to this note four tables, giving the results of 145 observations of Calmette's tuberculo-ophthalmic reaction employed in 103 cases.

They convince one of the value of the reaction as an aid to diagnosis in suspected cases of tuberculosis. Some of the patients were natives, some Europeans. I used two solutions of tuberculin, '5 per cent. and 1 per cent., but I have not tabulated them separately, as the stronger solution seemed to give no better results than the weaker. The solutions were made from tablets supplied by Allen & Hanbury. Distilled water, 5 or 10 minims, are added according to the strength of solution desired. Both the cuti-reaction of von Pirquet and Calmette's reaction are valuable tests. The chief objection to the ophthalmic-reaction seems to be the alleged dangers. Cases of severe inflammation with corneal ulceration are reported, but if due precautions are taken, accidents of this kind do not appear to be unavoidable. An unhealthy eye should never be submitted to the test, and a stronger solution than 1 per cent. should not be employed. The patient who is the subject of experiment should not be allowed to go about and follow his ordinary occupation, or expose the eye. As a rule no symptoms are complained of. If they occur, and there is any muco-purulent discharge, warm boracic lotion should be used, and astringent drops instilled frequently, and the eye covered up. No mishaps have occurred in my cases. The reaction depends on the presence of specific anti-bodies. Hence it is not surprising that it should fail in certain cases. Especially is this the case in the terminal stages and in cachectic and emaciated subjects, but these are not, as a rule, those in which the diagnosis is in doubt. It also fails in some acute fulminating infections. Tuberculous meningitis is a weak point in the test. These cases are, however, frequently terminal infections, and, in any case, it is not difficult to understand that in this disease the elaboration of anti-bodies should be interfered with. The clinical course of these cases bears out this view. The reaction should be given within twenty-four hours, when the conjunctiva becomes definitely red and congested. Various interpretations have been advanced for delayed or latent reactions and observers are not agreed. Some think that they indicate latent lesions. Calmette believes that the reaction, whenever given, indicates an active lesion. It is advisable to repeat the test a second time before considering the case as negative.

The following figures are useful for comparison: Schröder and Kauffmann found that:

(1) In 971 cases of certain tuberculosis 88 per cent. gave positive and 12 per cent. negative results.

(2) In 284 cases of suspected tuberculosis 51 per cent. gave positive and 49 per cent. negative results.

(3) In 627 cases of presumed tuberculosis 13 per cent. gave positive and 87 per cent. negative results.

Calmette, from 20,000 cases, found that 92 per cent. of those presenting tuberculous disease reacted positively. Of persons apparently healthy only 18 per cent. gave a positive reaction.

Eyre, Wedd and Hertz treated 138 cases; 63, or about one half, gave a positive reaction, and of these the majority were unquestionably tuberculous.

Wolff, Eisner and Eisen found that of tuberculous subjects in Stage I 79 per cent. gave positive reactions; in Stage II 61 per cent. gave positive reactions; in Stage III 38 per cent. gave positive reactions.

TABLE 1.—Cases which came to Post mortem.

Race and sex.	Age.	Reaction.	Date.	Died.	Post-mortem findings.
1 N. M.	6 mo.	+ slight	Aug. 15	Aug. 20	General tuberculosis. Disease in lungs extensive.
2 N. M.	60	—	Sept. 17	Sept. 19	Acute pneumonia. No tubercle.
3 N. F.	3 mo.	—	" 21	" 26	Tuberculous meningitis. Caseous bronchial and mesenteric glands.
4 N. M.	8 mo.	—	Nov. 17	Nov. 21	Pneumonia and empyema. No tubercle.
5 E. F.	55	—	Jan. 5	Feb. 2	Chronic Bright's disease. No tubercle.
6 E. F.	34	—	Feb. 1	" 20	Malignant disease of spine, secondary to carcinoma of breast.
7 N. M.	6 mo.	—	May 17	May 24	Tuberculous meningitis.
8 N. M.	8	—	June 7	June 12	Tuberculous meningitis. Tubercles in lungs, bronchial glands, liver, and spleen.
9 N. F.	30	—	July 10	Oct. 5	Psos abscess. Emaciation extreme. Tubercles in lungs.
10 N. M.	6	+	Sept. 26	Jan. 18	Tuberculosis of lungs. Recovered from broncho-pneumonia in September, but died from second attack in January.
11 E. F.	41	+ slight	Oct. 12	Nov. 2	Tubercular peritonitis.
12 N. F.	65	+	Jan. 28	Feb. 5	Tubercular peritonitis + uterine fibroid.
13 N. F.	10 mo.	+	Feb. 6	" 28	General tuberculosis. Meninges not affected.
14 N. M.	9 mo.	—	Mar. 2	Mar. 7	Broncho-pneumonia. No tubercles.
15 N. F.	25	+	June 10	June 27	Tubercular peritonitis.
16 N. M.	1	+	" 10	July 9	Tubercular pericarditis.

Summary.—Sixteen cases—11 tuberculous, 5 non-tuberculous. 63.6 per cent. of the former gave positive results.

TABLE 2.—Cases Clinically Definitely Tuberculous.

Race and sex.	Age.	Reaction.	Post-mortem findings.
1 E. M.	56	+	Tuberculosis of larynx.
2 N. F.	2	+	Caries of spine.
3 E. M.	17	+	Tuberculous elbow. Excision.
4 E. F.	5	+	Tuberculous hip.
5 E. F.	16	+	Tuberculous hip.
6 E. M.	21	+	Pulmonary tuberculosis.
7 N. M.	60	+	Psos abscess.
8 N. F.	5	+	Caries of spine with paraplegia.
9 E. F.	15	+	Tuberculous knee.
10 E. M.	35	+	Haemoptysis 1898-1901. Tubercle bacilli found on one or two occasions.
11 E. F.	31	+	Tuberculous knee.
12 N. M.	30	+	Tuberculous knee. Excision.
13 E. M.	26	+	Caries of spine and psos abscess.
14 E. F.	2	+	Tuberculous hip.
15 E. F.	19	+	Lupus.
16 N. F.	25	—	Aphresis of cervical glands. [N.B.—Ailing only one week. Condition of teeth and scalp not noted.]
17 N. M.	15	+	Tubercular glands in the neck.
18 E. M.	11	+	Synovitis of knee following injury six months previously.

Summary.—Fifteen cases, 94.4 per cent. +. Twenty-nine definitely tuberculous cases in Tables 1 and 2, 82.7 of which gave positive results.

TABLE 3.—Cases Clinically not Tuberculous.

Race and sex.	Age.	Reaction.	Post-mortem findings.
1 E. M.	34	—	Ulcer in rectum.
2 N. M.	18	—	M. C. Hepatic enlargement + dry pleurisy.
3 E. F.	45	—	Perimetritis.
4 E. M.	49	—	Enlarged prostate.
5 E. F.	24	—	Variella. Jaundice.
6 N. F.	45	—	Emphysema + hepatic enlargement and heart failure.
7 N. M.	18	—	Trauma. Suppurative periostitis of femur.
8 E. M.	20	—	Malaria (cuti reaction also negative).
9 E. M.	16	—	Trauma. Suppurative arthritis of knee.
10 N. M.	50	—	Tubes.
11 N. F.	16	—	Enteric fever.
12 E. M.	50	—	Cancer of stomach.
13 E. M.	47	—	Tubes.
14 E. F.	7	—	Enteric fever. Necrosis of jaw.
15 N. M.	25	—	Gonorrhoea.
16 N. F.	18	—	Hydatid of liver.
17 N. F.	18	+	Chronic laryngitis (specific).
18 E. M.	12	—	Trauma. Synovitis of knee.
19 E. F.	13	+	Subcutaneous nodules. Pain in ankles. Erythema nodosum.
20 N. M.	40	—	Bruised ribs.
21 N. M.	47	—	Pulsating abdominal tumour.
22 E. F.	26	—	Perimetritis.
23 N. F.	24	—	Chronic ulceration of leg and foot (? specific).
24 E. M.	29	—	Synovitis. Loose body in knee.
25 E. M.	31	—	Trauma. Ulceration of leg.
26 E. F.	21	—	Rheumatic fever.
27 E. M.	7	—	Hydatid of liver.
28 N. F.	30	+	Atresia of vagina.
29 N. F.	1	—	Gastro-enteritis.
30 N. M.	1	—	Abscess in groin.
31 E. M.	14	+	Syphilis of larynx. Periosteal nodes of tibia.
32 E. F.	40	—	Enteric fever.
33 N. M.	1	—	Periostitis, lower jaw.
34 E. F.	48	—	Enteric fever.
35 N. M.	35	—	Enteric fever.
36 E. F.	9	—	Concussion of spine.
37 N. M.	24	—	Enteric fever.
38 E. M.	32	—	Appendicitis.
39 E. F.	35	—	Miscarriage.

Summary.—Thirty-nine cases non-tuberculous, 89.7 per cent. giving negative results.

TABLE 4.—Cases Clinically Doubtfully Tuberculous.

Race and sex.	Age.	Reaction.	Post-mortem findings.
1 N. M.	35	+	Pneumonia and pleurisy.
2 N. M.	1	—	Pneumonia.
3 E. M.	1	—	Orchitis + abscess of epididymis.
4 N. M.	40	+	Pleurisy with effusion.
5 N. M.	29	+	Dry pleurisy.
6 N. F.	1	—	Pneumonia, right apex.
7 E. F.	24	+	Pneumonia following morbilli.
8 N. F.	5	+	Broncho-pneumonia.
9 N. F.	10 mo.	+	Pyrexia. Cough. Gastro-enteritis.
10 N. F.	60	—	Pleurisy with effusion + empyema.
11 N. M.	6	—	Trauma followed by caries of ankle. [N.B.—Subsequently caries of elbow occurred, and reaction became +.]
12 N. M.	16	+	Suppuration in neighbourhood of hip-joint.
13 N. M.	27	+	Pyrexia. Cough. Night-sweats. No physical signs. Tubercle bacilli not found.
14 N. F.	1	—	Broncho-pneumonia. [N.B.—Three attacks; in the last one reaction became +.]
15 E. M.	31	—	Neuralgia of testicle.
16 E. M.	31	—	Pneumonia, left base.
17 E. M.	46	—	Pneumonia + empyema.
18 E. F.	8	—	Broncho-pneumonia.
19 N. F.	10	—	Bronchitis.
20 E. F.	19	+	Abdominal pain. Constipation. No physical signs. Neurotic in an extreme degree.
21 N. M.	4	—	Bronchitis.
22 N. M.	18	+	Chronic laryngitis (tracheotomy).
23 N. F.	3	+	Pneumonia.
24 E. F.	47	+	Abscess in connection with rib.
25 N. F.	30	+	Chronic laryngitis (tracheotomy).
26 N. M.	20	—	Dry pleurisy.
27 N. F.	25	+	Pneumonia, right base.
28 N. M.	30	—	Chronic synovitis, knee.
29 E. M.	18	+	Offensive expectoration. No physical signs in lungs.
30 E. M.	5 mo.	—	Bronchitis + abscess in middle ear.

Summary.—Thirty cases—16 +, i.e. 53.3 per cent.; 14 —, i.e. 46.7 per cent.

## Napoleon's Doctors at St. Helena.

By J. TREMBLE.

BETWEEN the years 1815 and 1821 there dragged to a close in an obscure little island in the middle of the Atlantic a career which, from whatever point of view looked upon, was nothing short of wonderful. The rights and wrongs of Napoleon's wars—whether he was an unscrupulous man carried away by his ambition, or whether, as his lovers believe, he was the truest type of Socialist, endeavouring to put his creed into effect by a mad and glorious scheme, failing only on the verge of success, as mad and glorious schemes always do—this is no place to discuss. The duty of this article is to give a short biography of two men, remarkable even in a cortege of remarkable people who served as medical advisers to the

exiled Emperor, and one of whom, at least, has left the fullest and most accurate account of his sayings and doings. The first was the famous O'Meara; the second, Dr. Antommarchi.

Barry Edward O'Meara was born in Ireland in 1786. He started his studies in Dublin, and finished them in London. He served in the army in Egypt, Sicily, and Calabria, and on being dismissed this service for taking part in a duel, entered the Navy. We eventually find him as Surgeon-Major on board the "Delleroophon" at the time Napoleon embarked for St. Helena. The Emperor was attracted by him, and invited him to be his doctor. O'Meara consented. Why he should have been willing in the first place to retire into comparative exile at St. Helena with the French prisoner it is difficult to say. He had no particular reason for becoming Napoleon's admirer and ally. Probably a desire to advance quickly is at the root of the matter, and he thought that his action and his confidential position in relation to Napoleon would please the British Admiralty. In this, partly through his own fault, he was eventually disappointed. The fact that, in order to maintain his own independence, he refused a salary of £480 that Napoleon offered him, would support this idea.

The position that O'Meara took up on the island was naturally a false and very difficult one. On the one hand Napoleon wanted his entire services. O'Meara was free to come and go as he pleased, which none of his French companions were. Therefore he hoped to get from O'Meara advantages that would otherwise have been denied him. There were papers to be carried, news to be brought, messages and complaints to be sent to the English authorities—in short, the Irish doctor served as go-between for two parties between whom no love was lost and both of whom he had to satisfy. On the other hand, the Governor wanted news of the exile, reports of his conversation, his health and his conduct. Such a position could not be maintained long without causing trouble in one camp or the other. At first, under the Governorship of Admiral Cockburn, things went smoothly. But on the arrival of Sir Hudson Lowe hitches began to occur. At first the Governor was content to receive O'Meara's reports and leave him to act at Longwood much as he pleased. But Sir Hudson Lowe was more narrow-minded and inclined to be stricter on his prisoner than was his predecessor. The final break came as the result of successive petty quarrels. Lowe found that O'Meara continued to take newspapers to Longwood before he had seen them himself. O'Meara had to annoy either his friends the prisoners or the British Legation. He chose to annoy the latter, for his quarrel with the Governor was now merging into a bitter hatred that ended in an action, his dismissal from the Navy, and his violent partisanship of Napoleon on his return to England.

His position towards Napoleon is difficult to understand. He gave messages to Sir Hudson Lowe and wrote letters to

England, which were read by the Admiralty, in which he somewhat violated the confidence the Emperor placed in him.

Comte de Balmain spoke of him as "Sir Hudson Lowe's secret agent at Longwood." There is no doubt that he exceeded the permission Napoleon gave him to repeat certain statements he made. He probably originally went to Longwood with the intention of serving his country without doing any injustice to the prisoner, and of becoming the chronicler of the most remarkable man of that or any other century. But this false position led him first to lose his justice to the Emperor, and later, aided by his quarrel with Lowe, to turn completely over and become the sincere friend and champion of Buonaparte. He was a man of deep feelings and capable of intense and bitter hatred.

Napoleon's health was not good. O'Meara diagnosed a liver complaint, and treated him accordingly. It is interesting to note that Dr. Antommarchi was severely censured in some quarters for treating Napoleon for liver trouble when he died of cancer of the stomach, but in this he was at one with O'Meara, as well as with Dr. Stokes and Dr. Arnott.

O'Meara was recalled to England in July, 1818, not directly as a result of Sir Hudson Lowe's petition, but from certain indiscreet remarks of Gourgard's on Napoleon's illness. On his return he preferred a charge against Lowe, in which he insinuated that the Governor had tempted him to poison Napoleon. The result was his dismissal from the Navy. Henceforward he devoted himself entirely to the affairs of Napoleon in London. He was very hostile to the British Government. He wrote profusely, and in 1822 published his famous book, *Napoleon in Exile*. Thenceforward nothing much was heard of him till his death in 1836.

He was a clever and intelligent man, who ruined a career that might have been brilliant by placing himself in a false position at the start. The most admirable points about him are his appreciation of the kindness of Napoleon, and later his unswerving, almost passionate loyalty to the man who had been his friend. But as a judge of Napoleon and a commentator on the Governorship of Sir Hudson Lowe he is scarcely quite impartial.

Dr. Antommarchi, who replaced O'Meara, was a totally different type of man. Born at Morsiglia, Corsica, in 1789, he studied at the University of Pisa, took a medical degree, and then went to Florence. In 1818 he was prosecutor at the Sainte-Marie-Nouvelle Hospital. When Chevalier Colonna proposed that he should go to St. Helena, he was engaged in editing the posthumous works of the anatomist Mascagni, whom he had known personally.

He arrived at the island on September 21st, 1819. Napoleon looked upon him with distrust, and would not at first be seen by him. According to Antommarchi himself, this is not true; indeed, he makes Napoleon effusive in his praises and confidences.

"Doctor," he makes Napoleon remark, "You will take rank amongst the first physiologists of the century. . . . You have the skill of Corvisart."

However this may be, he certainly very soon made himself unpopular. He was conceited and talkative. He exaggerated everything: he had an unfortunate habit of misunderstanding stories and repeating them so as to make them ridiculous. Finding life in St. Helena dull, he sought diversion in some affairs of sentiment.

"Antommarchi's conduct," wrote Montholon, "is inexplicable. . . . Women's skirts have such an attraction for him that he neglects everything."

Such conduct, after the more solid worth of O'Meara, was not likely to please Napoleon. But he established a certain reputation at Longwood for medical prowess. Napoleon refused to walk abroad in order to avoid being watched by the guard. His health was very poor. Antommarchi advised him to do some gardening. The exercise was good for him, and enabled him to go out without leaving his own grounds. His health consequently improved, and Antommarchi came into favour.

He remained at St. Helena till the death of the Emperor. In the middle of 1821 he returned to Europe. In 1825 he published his *Derniers moments de Napoleon*, a book obviously not of much value. It is difficult to be theatrical, vain, and sentimental, and at the same time a reliable historian. He then wrote several medical books, including one on cholera and one on the lymphatics. He served in the Polish insurrection in 1831, quarrelled with everybody, ruined himself, and finally ended his days in Cuba in 1838.

I have called this man remarkable. There was something remarkable about him. He was remarkable in his conceit, his frivolity, and his love of the theatrical, and yet he had the power of inspiring confidence. Even Montholon, who hated him, acknowledged the efficiency of his treatment of Napoleon. Once he asked to be allowed to leave St. Helena, but was requested to stay. But he never became Napoleon's friend, and for that reason, even had his nature been different, he could not have been a good biographer. To understand a man one must be his friend. Short of that it is better not to know him at all than to have a mere acquaintance.

Antommarchi had little to do with religion. When Napoleon was giving instructions as to the ceremonies to be observed after his death, he caught an ironical smile on the doctor's face:

"You are above such weaknesses," he said, "but what am I to do? I am neither a philosopher nor a doctor! I believe in God, and my father's religion is mine. All people cannot be atheists, and I was born in the Catholic faith. I must accept the duties it imposes, and I wish to receive the succour it administers."

At the same time, this is only partly true, for Napoleon's religion was the only vacillating part of his character.

In conclusion, it may be said that an interesting discussion has recently been reported in the *Standard* on the discovery of a casket in the vaults of the Cathedral of St. Denis. In these vaults caskets are placed containing the hearts and bearing the names of all the emperors of France. The one in question bears the single letter "N." Some authorities believe that it contains the heart of Napoleon I, removed at the autopsy, and brought secretly over to Europe.

### Notes on a Case of Longevity.

By HENRY RUNDLE, F.R.C.S.



RECORDED, in the ST. BARTHOLOMEW'S HOSPITAL JOURNAL of February, 1908, the case of James Grieve, who celebrated his 108th birthday on January 1st, 1908, and was then regarded as the oldest living Scot. He died on November 27th, 1910, at his home, Cor-an-ter, Loch Eckside, N.B., being—for which I am indebted to the *Scotsman*—110 years of age. The following details, together with those already recorded in the JOURNAL, make a fairly complete story of his life.

Grieve was a native of Invernesshire, where, according to his own belief, he was born in the year 1800. He fixed the date of his birth by his recollections of Waterloo. He was then a boy working in the fields, and when the news of the victory arrived he, along with his fellow-labourers, participated in the general rejoicings. At that time he was fourteen or fifteen years of age. He enjoyed good health until the beginning of 1910. In April he was moving about as usual, in possession of all his faculties. In May he took to his bed, from which he was never again able to arise without assistance. He retained the use of his faculties almost up to the last, and was able to see and speak with visitors till within a few weeks of his death. His hearing was unimpaired.

Grieve's reminiscences were remarkable. He had spoken with men who had seen Prince Charlie, the gallant hero whose decisive defeat at Culloden in 1746 sealed the fate of the House of Stuart, and who died in 1788. He had heard his grandfather describe that historic personage. For almost ninety-five years he worked as a shepherd, and after he had retired from daily labour, continued to assist in the fields, "taking a turn at the hay," as he phrased it. Until the closing days his eyesight was good, his memory clear, and his general physique remarkable. When asked for a possible explanation for his having reached such an age he would smile and shake his head, frankly acknowledging that he was neither a teetotaler nor a non-smoker. He got through two ounces of tobacco per week; indeed, it was one of the first indications that his days were drawing to a



close that he had to relinquish the enjoyment of his pipe. His father died at the age of 87, and was a shepherd in the days when a shepherd was deemed to be well off with £7 a year and a cottage. After assisting his father he left home at the age of sixteen, married at twenty-two, and had a family of fourteen, of whom three survive.

This authenticated case of a man who attained 110 years is especially interesting, for most of the recorded cases of exceptional old age occurred in days long ago, in fact, the farther back we go, the greater marvels do we find. For example, I would cite the great ages attributed to the Hebrew patriarchs, but I would point out that at the time of the Psalmist no such ages were reached, for he put the limit at from seventy to eighty years. If we go back to the seventeenth century, we find Thomas Pan, who died in 1635 at the age of 152, and his contemporary Henry Jenkins, who was born sixteen years later and outlived him by thirty-four. Lucerne boasts of a Canon who died at the age of 186, but then it was in 1346.

Death may be delayed; our greatest poet sums up the whole matter:

"That we shall die, we know; 'tis but the living,  
And drawing days out, that men stand upon."

"Men must endure

Their going hence, even as their coming hither:  
Ripeness is all."

## The Clubs.

### ASSOCIATION FOOTBALL CLUB.

#### ST. BART'S v. OLD ARDINIANS.

This match was played on Saturday, January 7th, the Hospital winning by 9 goals to 0. Our opponents turned up short—and late—and the game was not of the strenuous order.

Bart's pressed all through the forwards showing at times good combination, and the goals fell fairly equally all through. The greater part of the scoring took place in the first half, the score at half-time being 5-0 in our favour. In the second half some changes were made in the forward line, Kimington playing in the centre, where he did some useful work, scoring two points in our favour. When time went the result was as stated—9-0 in our favour. Team: E. A. Brock (goal); H. Kimington, J. W. Stretton (backs); C. R. Taylor, G. Soden, J. S. Soutter (halves); W. C. Dale, K. M. Barrow, A. J. Waugh, D. B. Parcall, and J. Macadam (forwards).

#### ST. BART'S v. BARNET OLD ELIZABETHIANS.

In this match, played at Winchmore Hill on Saturday, January 21st, the Hospital was defeated by 5 goals to 1. Owing to a United Hospitals match and to illness we could not turn out our full team, but there is no reason why men should allow the Hospital to be represented by only nine men, especially at this time of year, when the Inter-Hospital and London University Cup-ties are just upon us. If we are to do any good in these competitions men *must* turn out more regularly, especially the 2nd XI. The same remarks have been made year in and year out, but they seem to fall on deaf or careless ears, as a result of which the games are left to be played by a little group of twenty men or so for both elevens. It is hardly fair to ourselves or to the good name of the Hospital that things should go on like this.

The ground was somewhat soft for this game, and we were dogged by misfortune from the start, Rimington being unfortunately injured by a collision with Brock. Our opponents had already got through once, and this incident added another point in their favour. However,

Bart's played a very plucky game, and had hard luck in not scoring several times, Jamieson and Wippell on the right doing good work. Barnett, however, got through again, Rimington, in goal now, being unable to cope with the emergency after a plucky try, and we crossed over three points to the bad.

In the second half we held our opponents well in check, and had rather the best of the game, Spackman scoring a good goal from the left. The visitors replied by a concerted effort, and added another point soon after. Bart's, however, kept their end up well, and had hard luck several times in not reducing their opponents' lead, which, however, was increased by one more point shortly before time was sounded. Team:

E. A. Brock (goal); H. Rimington, E. M. Grace (backs); J. Soutter, E. Soden (halves); W. P. Wippell, C. D. Jamieson, P. C. Cole, and R. Spackman (forwards).

### INTER-HOSPITAL CUP.

#### First Round.

#### ST. BART'S v. ST. MARY'S.

This match, played at Winchmore Hill on Saturday, February 4th, resulted in a win for us by 6 points to 2.

We won the toss and elected to play down the hill, and from the start made a sharp attack on Mary's goal, which was frustrated, however. The ground at the pavilion end was very soft on the surface and it was some time before our forwards could find their feet. During the first half of the game play was almost entirely confined to our opponents' half, but opportunities were not always made the most of, and it was not till after some twenty minutes' play that Barrow succeeded in scoring our first point from a centre by Wippell. From the re-start some pressure was brought to bear on our backs and halves, but we soon managed to score another point through Jamieson, Waugh shortly after adding a third. Mary's then pressed in smartly, and from a scrum following a corner scored their first point. The interval came with the score 3-1 in our favour. The second half showed the same features, our forwards being constantly in Mary's danger zone, but somehow scoring was slow, and our fourth point was some time in coming from Jamieson. This was followed by a second rush by Mary's right wing, which was their strongest quarter, and they added a second point with a low shot into the corner of the net. Bart's then succeeded in adding two further points to their total, and time came with the score 6-2 in our favour, the final result not representing the amount of points Bart's should have scored. We meet Thomas's in the semi-final. Team: E. A. Brock (goal); J. W. Stretton, N. F. Norman (backs); C. R. Taylor, J. E. Dyna, J. Soutter (halves); W. C. Dale, R. M. Barrow, A. J. Waugh, E. D. Jamieson, and W. P. Wippell (forwards).

### HOCKEY CLUB.

#### ST. BART'S v. OLD AUGUSTINIANS.

We had nearly a Cup-tie side out, the exception being Atkin, but only succeeded in drawing, although we were three goals up at half-time. The whole team played as though untrained, especially the wing halves. With our full side out we *must* win the cup, given that our regular side turns out a time or two. Robinson got two goals and Brash one.

#### ST. BART'S v. MERTON PARK.

Playing on an impossibly frosty ground we won easily by 6-0. It was very difficult to say how a fairly representative side played, but the forwards were all together. Sylvester turned out for the first time this season in an accustomed place, outside left, and scored twice. Our cup-tie team, as at present constituted, is: Langton, Arkin, Steedman, Weller, Hepper and Nicholson, Vivian, Brash, Robinson, Turner and Sylvester.

## Books received for Review.

*Sprains and Allied Injuries of Joints.* By R. H. A. Whitelocke. 2nd edition. (London: Henry Frowde and Hodder & Stoughton.) 7s. 6d. net.

*A Practical Guide to the Newer Remedies.* By J. M. Fortescue-Brickdale, M.D. (Bristol: J. Wright & Sons.) 5s.

## Royal Army Medical Corps.

From the *London Gazette*:  
Lieut.-Col. E. J. E. Risk to be Commandant of the Royal Army Medical College, dated February 4th, 1911.  
Captains M. H. G. Fell, R. H. Lloyd, A. O. B. Wroughton, dated October 28th, 1910, and H. K. Palmer, dated February 4th, 1911, to be Majors.  
Lieutenants H. S. Dickson and J. A. Renshaw to be Captains, dated January 29th, 1911.  
B. Biggar, M.B., and E. G. S. Cane to be Lieutenants on probation, dated January 27th, 1911.  
Lieutenant B. Biggar is seconded.

Arrivals home and postings:  
\* \* \*  
Captain P. A. Lloyd-Jones, from Malta to Irish Command.  
Captain C. H. Turner, from India to Irish Command.  
Captain H. T. Wilson, from India to Southern Command.  
Captain L. V. Thurston, from India to Southern Command.  
Captain J. H. Guley, from Egypt (by exchange) to Eastern Command.  
Lieutenant L. K. Way to Cosham.  
Lieutenant G. O. Chambers to Northern Command.

Appointments:  
\* \* \*  
Major J. B. Anderson, Embarkation Medical Officer, Southampton.  
Captain A. H. Hayes, M.R.C.P., D.P.H.II, to be Sanitary Officer, Northern Command.

India:  
\* \* \*  
Lieut.-Col. F. W. C. Jones, on arrival from England, is posted to charge of Military Hospital, Quetta.  
Lieut.-Col. S. Westcott, C.M.G., V.H.S., is in charge of the Military Hospital at Chahrata, and Major E. M. Hassard of that at Lahore Cantonment.

Major H. S. Thurston embarks shortly for Malta.

## Indian Medical Service.

Major E. V. Hugo, on return from furlough, resumed charge of the duties of Professor of Surgery, Lahore Medical College, June 16th, 1910.

Major H. J. Walton, on return from leave, resumes his duties as Civil Surgeon of Bulandshahr, United Provinces.

Major F. O'Kinealy dates his appointment as surgeon to H.E. the Viceroy from November 23rd, 1910.

Captain W. W. Jeedwine made over charge of the duties of Superintendent, Shaipur Jail, on October, 1910, and proceeded on twenty-nine days' leave.

Major W. Selby, Civil Surgeon, from Gorakhpur to Lucknow.

Captain D. H. F. Cowin made over charge of the duties of Superintendent of the Multan Jail on November 4th, 1910.

Captain F. N. White, on special duty under the orders of the Sanitary Commissioner with the Government of India, is granted privilege for two months and fifteen days, combined with furlough out of India for five months and fifteen days.

## Appointments.

ALDOUS, G. F., F.R.C.S. (Edin.), appointed Surgeon to S. Devon and E. Cornwall Hospital, Plymouth, and Consulting Surgeon to E. Cornwall Hospital, Bodmin, Cornwall.

*Hints for the General Practitioner in Rhinology and Laryngology.* By Dr. Johann Fein. (London: Rebman, Ltd.) 5s. net.  
*Sanitary Law.* By Charles Porter. (London: Longmans.) 2s. 6d. net.

*Practical Physiological Chemistry.* By R. H. Aders Plimmer, D.Sc. (London: Longmans, Green & Co.) 6s. net.

*Manual of Practical Anatomy.* By Professor Arthur Robison. 2 vols. 4th edition, revised. (London: Henry Frowde and Hodder & Stoughton.) 10s. 6d. net each vol.

*Elementary Bandaging and Surgical Dressing.* By Pye. (Bristol: John Wright & Sons.) 2s. net.

*Outlines of Zoology.* By J. Arthur Thomson, M.A. (London: Hodder & Stoughton.) 12s. 6d. net.

*Laboratory Notes on Organic Chemistry.* By Paul Haas. (London: Macmillan & Co.) 2s. 6d. net.

*Man's Redemption of Man.* By Professor Osler. (London: Constable & Co.) 1s. net.

*Sutherland's Dispensing made Easy.* By F. J. Warwick. (Bristol: John Wright & Sons.) 3s. 6d. net.

*Urine Examination made Easy.* By Carruthers. (London: J. & A. Churchill.) 1s. 6d. net.

*The Care of Children.* By Bernard Myers. (London: Henry Kimpton.) 2s. 6d. net.

*Saltarsan ("606").* By Martindale and Westcott. (London: H. K. Lewis.) 5s. 6d. net.

*Introduction to Practical Organic Chemistry.* By A. M. Kellas. (London: Hodder & Stoughton.) 3s. 6d. net.

*A Manual of Practical Inorganic Chemistry.* By A. M. Kellas. (London: Hodder & Stoughton.) 5s. net.

*Materia Medica and Therapeutics.* By R. Ghosh. 4th edition. (Calcutta: Hilton & Co.)

*Hygiene and Public Health.* By Parkes and Kenwood. (London: H. K. Lewis.) 12s. 6d. net.

*Public Health Laboratory Work.* By Kenwood. (London: H. K. Lewis.) 10s. net.

*On Acute Intestinal Toxicemia in Infants.* By Ralph Vincent. (London: Baillière, Tindall & Cox.) 5s. 6d. net.

*Manual of Medicine.* By Monro. (London: Baillière, Tindall & Cox.) 15s. net.

*Manual of Physiology.* By Stewart. (London: Baillière, Tindall & Cox.) 18s. net.

## Books added to the Library during January and February.

Cushny, Arthur R., M.A., M.D., F.R.S. A Text-book of Pharmacology and Therapeutics, or the Action of Drugs in Health and Disease. Fifth edition, thoroughly revised. Illustrated with 61 engravings. Royal 8vo. Lond. 1910.

Eden, Thomas Watts, M.D., F.R.C.P. A Manual of Gynecology. With 272 illustrations in the text. Royal 8vo. Lond. 1911.

Gould, George M., A.M., M.D. The Practitioner's Medical Dictionary. An Illustrated Dictionary of Medicine and Allied Subjects, including all the words and phrases generally used in Medicine, with their proper pronunciation, derivation and definition. Based on recent Medical Literature. Second edition. Illus. Medium 8vo. Lond. 1911.

Parkes, Louis C., M.D., D.P.H., and Kenwood, Henry R., M.B., D.P.H. Hygiene and Public Health. Fourth edition, with illustrations. Demy 8vo. Lond. 1911.

The following were presented by the Authors:  
Brown, W. Langdon, M.A., M.D. (Cantab.). F.R.C.P. Physiological Principles in Treatment. Second edition. Crown 8vo. Lond. 1910.

Hurry, Jamieson B., M.A., M.D. (Cantab.). Vicious Circles in Disease. With illustrations. Demy 8vo. Lond. 1911.

Rawling, L. Bathe, M.B., B.C. (Cantab.). F.R.C.S. Landmarks and Surface Markings of the Human Body. With 31 illustrations. Fourth edition. Demy 8vo. Lond. 1911.

The following were presented by Dr. Bernard Myers:  
Plates of Skin Diseases.

The following were presented by the University of Geneva:  
Actes du Jubilé de 1909 (Université de Genève). Genève 1910.

ARMSTRONG, R. R., M.R.C.S., L.R.C.P., B.C.(Cantab.), appointed House Physician to Hospital for Sick Children, Great Ormond Street, W.C.

GRAEVES, H. G., M.R.C.S., L.R.C.P., appointed Resident Medical Officer, Boscombe and West Hants Hospital, Bournemouth.

KEBBELL, C. V., M.R.C.S., L.R.C.P., appointed House Physician to Queen's Hospital for Children, Hackney Road, Bethnal Green, E.

KEMP, C. G., M.B., B.S.(Durh.), appointed House Physician at the Radcliffe Infirmary, Oxford.

THURSFIELD, R. M., M.R.C.S., L.R.C.P., appointed House Surgeon (from March 12th) to Evelina Hospital, Southwark Bridge Road, S.E.

WALLIS, P. B., M.R.C.S., L.R.C.P., appointed Resident Medical Officer at the British Lying-in Hospital, Endell Street, Long Acre, W.C.

WOOD, W. B., M.R.C.S., L.R.C.P., appointed House Surgeon to Victoria Hospital for Children, Chelsea, S.W.

### New Addresses.

ARMSTRONG, R. R., Hospital for Sick Children, Great Ormond Street, W.C.

BAILEY, SELBORNE, Claytons, Bourne End (Tel. 94, Bourne End; 112, Woodhuff).

BIRFIELD, J., Thorpe Hamlet Lodge, 11, Thorpe Road, Norwich.

CARMODY, E. P., "Mayaro," Armour Road, Tilehurst, Berks.

DALLEY, J. F., HALLS, 16, Lower Seymour Street, Portman Square, W.

DRAKE, C. H., 1, Leigham Avenue, Streatham, S.W.

HARRISON, L. K., Holmleigh, London Road, Leicester.

HARTILL, S., Abbots Langley, Herts.

HOSKYN, C. R., 69, Clifton Road, Rugby.

JULIAN, Lt.-Col. O. R. A., R.A.M.C., c/o Messrs. Holt & Co., 3, Whitehall Place, S.W.

KEBBELL, C. V., Queen's Hospital for Children, Hackney Road, Bethnal Green, E.

KEMP, C. G., Radcliffe Infirmary, Oxford.

LEONARD, Capt. W. H., I.M.S., c/o Messrs. T. Cook & Son, Ludgate Circus, E.C.

MAPLES, E. E., A.B.O.H., Central Province, Southern Nigeria.

MILNER, S. W., The Mount, Malton, Yorks.

NEWMAN, Sir GEORGE, 218, Ashley Gardens, S.W. (Winter).

SALT, A. P., Wingham, Canterbury.

SMITH, Sir T. R. H., Bart., Blytheholme, Stockton-on-Tees.

THORNE, W. BEZLEY, 16, Harley Street, W.

THURSFIELD, R. M., Evelina Hospital, Southwark Bridge Road, S.E.

WALKER, K. M., Hospital Británico, Buenos Aires.

WALLIS, P. B., British Lying-in Hospital, Endell Street, Long Acre, W.C.

WOOD, W. B., Victoria Hospital for Children, Chelsea, S.W.

### Births.

CARMODY.—On February 8th, at "Mayaro," Tilehurst, Berks, the wife of Ernest P. Carmody, M.R.C.S., L.R.C.P., of a son ("Patrick"). Trinidad papers, please copy.

LATHBURY.—On January 7th, at Nasirabad, Rajputana, the wife of Captain E. B. Lathbury, R.A.M.C., of a son.

MAXWELL.—On February 7th, at Tainau, Formosa, the wife of Dr. J. L. Maxwell, of a daughter.

PERKINS.—On February 18th, at "Comberton," Tonbridge Wells, the wife of Dr. Philip Perkins, of a son.

THOMPSON.—On January 28th, at "Highlands," Newbury, the wife of Arthur Thompson, B.A.(Cantab.), M.R.C.S.(Eng.), L.R.C.P. (Lond.), of a daughter.

TURNER.—On February 13th, at 18, Harley Street, W., the wife of William Aldren Turner, M.D., of a son.

WARD.—On February 9th, at 10, Tophill Avenue, Plymouth, the wife of Mr. J. P. Stephens Ward, M.R.C.S., L.R.C.P., of a daughter.

### Marriages.

ELLIS—ANDREWES.—On January 25th, at Cape Town, Francis Heygate Ellis, M.R.C.S., L.R.C.P., youngest son of the late Col. C. H. Fairfax Ellis, Royal Artillery, and Mrs. Fairfax Ellis, of 59, Lee Park, Blackheath, to Muriel Floyd Andrewes, youngest daughter of the Rev. John Floyd Andrewes, Rector of Bonchurch, I.W.

GOVER—TURNBULL.—On February 14th, at St. Joseph's Catholic Church, Penarth, Glam., by the Rev. Stephen Rossetti, Dr. J. M. Gover, Roxburghe House, Gosforth, Newcastle-on-Tyne, to Olive Gwendoline Turnbull, eldest daughter of Lewis Robert Turnbull, "Raisdale," Penarth.

HATFIELD—JAMES.—On 16th February, quietly, at Lewisham, Henry Francis Hatfield, L.R.C.P., M.R.C.S., only son of William Henry Hatfield, M.R.C.S., of Forest Hill, to Helena Emily James, widow of the late Charles James, and third daughter of Alexander Hunter, L.R.C.S.Edin.

### Notice.

We have received from Messrs. G. Norris, 8, Holborn Viaduct, E.C., a specimen of their arch support, for flat feet and weak ankles. It is well made, with a light and pliable spring. The shape is good, and the appliance should fulfil the function of supporting those slighter degrees of flat foot which are suitable for its application. The price is 4s. 6d.

### Acknowledgments.

The British Journal of Nursing (10), The Student (5), The Nursing Times (10), L'Echo Médical du Nord (5), Giornale della Reale Società Italiana d'Igiene (4), The Journal of Laryngology, Rhinology, and Otolaryngology (2), The London Hospital Gazette (2), The Middlesex Hospital Journal (2), The St. Thomas's Hospital Gazette (8), The St. George's Hospital Gazette (2), The Magazine of the London School of Medicine for Women, The Eagle Magazine, The Hospital (3), The Stethoscope, The St. Mary's Hospital Gazette (2), Guy's Hospital Gazette (4), University College Hospital Magazine, Local Government Journal and Officials' Gazette, U.C.L. Union Magazine, The Medical Review, Paris Médical, The Child (2), The Practitioner, The Gambolier, The Treatment of Ringworm.

### NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d or carriage paid 2s. 3d.—cover included.

# St. Bartholomew's Hospital



## JOURNAL.

VOL. XVIII.—No. 7.]

APRIL, 1911.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal,

APRIL 1st, 1911.

"Equam memento rebus in arduis  
Servare mentem."—Horace, Book ii, Ode iii.

### Calendar.

Mon.,	April 3.—2nd Exam. Society of Apothecaries begins.
Tues.,	4.—Dr. Norman Moore and Mr. Bruce Clarke on duty. Final Exam. Conjoint Board (Medicine) begins.
Wed.,	5.—Exam. for D.P.H.(Cantab.) begins. 1st Exam. Society of Apothecaries begins.
Thurs.,	6.—Final Exam. Conjoint Board (Midwifery) begins.
Fri.,	7.—Dr. West and Mr. Bowly on duty. Final Exam. Conjoint Board (Surgery) begins.
Sat.,	8.—Oxford Lent Term ends.
Tues.,	11.—Dr. Ormerod and Mr. Lockwood on duty.
Fri.,	14.— <b>Good Friday.</b> Dr. Herringham and Mr. D'Arcy Power on duty.
Sun.,	16.— <b>Easter Sunday.</b>
Tues.,	18.—Dr. Tooth and Mr. Waring on duty. Cambridge Easter Term begins.
Wed.,	19.—Oxford Easter Term begins.
Thurs.,	20.— <b>Summer Session begins.</b>
Fri.,	21.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Tues.,	25.—Dr. West and Mr. Bowly on duty. Exam. for Part II of 3rd M.B.(Cantab.) begins.
Fri.,	28.—Dr. Ormerod and Mr. Lockwood on duty.

### Editorial Notes.

**I**F the pen be mightier than the sword, then, *à fortiori*, must the pen be mightier than the lancet; and it is with legitimate self-complacency that we seat ourselves in the editorial chair and take up the editorial pen still warm from the fingers of its recent possessor. We would fain indulge in a Gilbertian autobiographical lyric expressive of our appreciation of the honour which has been granted us, but the difficulty of rhyming in the plural has proved insuperable.

We have a three-fold duty to perform.

OUR first duty now, as always, is to our readers. We hasten to declare our earnest intention to serve their interests well, to utilise our columns, whenever required, to ventilate any subject of interest to the Hospital, and in general to maintain the standard of dignity for which THE JOURNAL is so famed. If there is one feature in which, more than in any others, we aspire to emulate our immediate predecessor it is in the commendable regularity with which, under his leadership, THE JOURNAL has appeared at the beginning of every month. The conventional season for good resolutions is now past, but we desire to express our determination to be first and foremost, punctual and regular. The appearance of this issue a few days late merely indicates our reluctance to couple it with the traditional associations of the first of April.

OUR second duty is to the late editor. During his year of office Mr. Biggar has held simultaneously three of the most important positions in the Hospital: he has been House-Surgeon; President of the Abernethian Society; and editor of THE JOURNAL. We do not know if this trinity of distinctions constitutes a record, but when in